

<b>Case Number:</b>	CM15-0213529		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who sustained an industrial injury on 1-27-14. A review of the medical records indicates that the worker is undergoing treatment for cervicgia, rule out disc herniation, thoracalgia-left parascapular pain, segmental of dysfunction-left shoulder, injury-left elbow, and injury left wrist. Subjective complaints (10-5-15) include pain in left elbow, left wrist, left shoulder, neck pain, and difficulty sleeping due to pain. Objective findings (10-5-15) include decreased range of motion of the cervical spine and left shoulder, muscular guarding throughout paracervical and left parascapular musculature, tenderness to palpation of the lateral epicondyle-left elbow and the carpal tunnel -left wrist, positive impingement sign -left shoulder, positive Tinel sign -left wrist, and Jamar grip strength is diminished of the left wrist versus right. Previous treatment includes x-rays, ice, sling, analgesics and physical therapy. The requested treatment of chiropractic care to include spinal manipulation with adjunctive therapy modalities 2x week for 6 weeks then evaluate, MRI left elbow, and orthopedic consult was denied on 10-15-15.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic care to include spinal manipulation with adjunctive physical therapy modalities 2x week for 6 weeks then evaluate: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant is a 56 year-old female with date of injury of her left elbow on 1/27/2014. The request is for chiropractic spinal manipulation with adjunctive physical therapy modalities. Chiropractic is not indicated for treatment of elbow injuries. It is unclear what specific physiotherapy modalities are being requested. Traction and electrical stimulation are not indicated in treating elbow injuries. Therefore, based on the above, the request is not medically necessary or appropriate.

**MRI left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition) 2015 Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

**Decision rationale:** The request is for an MRI of the left elbow following an injury on 1/27/2014. Currently, the only documented physical exam finding is tenderness to palpation about the left elbow. There is not report of recent plain x-ray findings. There is no history of a new injury or deterioration in condition since the date of injury. There are also no red flag conditions (tumor, infection, neuralgic compromise or fracture) warranting an MRI. Therefore the request is not medically necessary or appropriate.

**Orthopedic consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** The request is for an orthopedic consult. The patient is status post a left radial head fracture almost 2 years ago. Her only current physical exam finding is some tenderness to palpation in the lateral epicondyle area. At a visit on 6/23/2014, the patient was noted to have good strength and motor function in the left upper extremity. She was also noted to be functioning at a high level and able to perform her usual and customary job at her place of employment. There is no documentation of re-injury since 6/23/2014. There have been no recent trials of conservative treatment. The rationale for an orthopedic referral is not established and the request is not medically necessary or appropriate.