

<b>Case Number:</b>	CM15-0217716		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	10/04/1998
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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

Certification(s)/Specialty: Chiropractor

### 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 female individual who sustained an industrial injury on 10-4-98. She is not working. Medical records indicate that the injured worker has been treated for right and left elbow medial and lateral epicondylitis; other synovitis and tenosynovitis left and right forearm; lumbar disc displacement without myelopathy; tenosynovitis hand-wrist. She currently (10-2-15) complains of worsening bilateral arm pain radiating to the shoulders. Sleep difficulty due to pain. Physical exam of both shoulders revealed that they are protracted, there was restricted movement bilaterally, and there was tenderness to palpation. She walks with an antalgic gait, can only walk a few feet, and then has the need to sit down, she can stand for 5 minutes and squatting is the most comfortable position. She was able to control the pain in her arms with "chiropractic's as her alignment is off from her lower back. She has seen significant improvement in her lower back pain and I would like to authorize the chiropractor to treat her upper extremity as well". She was able to bring her pain down 50% with chiropractic therapy and was able to do more housework with better arm strength. She currently (8-25-15) cannot lift her arms over her head. The number of chiropractic sessions to date was not present. Treatments to date include medication: Thermacare extremity wrap, Thermacare lumbar wrap, Salonpas Patch; chiropractic therapy with benefit; acupuncture. She cannot tolerate non-steroidal anti-inflammatories as she has a peptic ulcer. The request for authorization was not present. On 10-15-15 Utilization Review non-certified, the requests for chiropractic treatments 1 time a week for 6 weeks for the bilateral elbows and bilateral forearms.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic once a week for six weeks to the bilateral elbows and bilateral forearms:**  
Upheld

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

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

**Decision rationale:** The claimant presented with chronic pain in the low back, bilateral elbows, and bilateral forearms. Previous treatments include heating pad wrap, chiropractic, acupuncture, and medications. The patient has had chiropractic treatments for the low back with benefits. Although MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups of low back pain, it is not recommended for the forearms. Therefore, the request for 6 chiropractic visits for this patient elbows and forearms is not medically necessary.