

Case Number:	CM15-0031657		
Date Assigned:	02/25/2015	Date of Injury:	02/22/2014
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 24 year old male, who sustained an industrial injury on 02/22/2014. He has reported sustaining injuries to the right upper extremity, right elbow, right shoulder, and neck from performing his daily work duties of driving, loading, and unloading baggage. Diagnoses include status post right elbow surgery and possible ulnar nerve transposition, cervical/trapezial spine musculoligamentous sprain/strain, and right shoulder sprain/strain. Treatment to date has included chiropractic care, above listed procedure, and x-rays. In a progress note dated 01/13/2015 the treating provider reports the injured worker to be unable to fully extend the right elbow along with stiffness, pain to the left, and neck pain. The treating physician noted the injured worker to have 50% improvement. The treating physician requested additional chiropractic care to the right elbow and neck but did not indicate the specific reason for the requested treatment. On 01/28/2015 Utilization Review non-certified the requested treatment of additional chiropractic care with modalities to include exercise, manipulation, and myofascial release for the right elbow and neck two times four, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, pages 58 to 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient is status post right elbow ulnar nerve decompression and medial epicondylectomy on 7/31/14. The patient presents with pain in the right elbow, neck and right shoulder. Request for Authorization (RFA) is dated 12/8/14 and requests Chiropractic treatment at a frequency of three times per week for four weeks to the right elbow, right shoulder and cervical spine. The current request is for ADDITIONAL CHIROPRACTIC CARE. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions; Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "[REDACTED] recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." This patient has completed 12 chiropractic sessions between 12/22/14 and 1/21/15. Labor Code 979.20 (e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. In this case, the treating physician has not provided any discussion regarding functional improvement from prior treatment to consider an extension of treatment. Furthermore, per MTUS guidelines chiropractic treatment is not recommended for the forearm, hand or wrist. This request IS NOT medically necessary.