

Case Number:	CM15-0032515		
Date Assigned:	02/26/2015	Date of Injury:	06/05/2013
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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: Chiropractic

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 39 year old female, who sustained an industrial injury on 6/5/13. On 2/20/15, the injured worker submitted an application for IMR for review of Chiropractic 6 Visits, Right Elbow. The treating provider has reported the injured worker complained of constant right shoulder and right elbow pain with numbness of the right hand intermittently. The diagnoses have included elbow strain/sprain, elbow tenosynovitis, injury to elbow, right elbow epicondylitis, medial epicondylitis, and right ulnar nerve neuropathy. Treatment to date has included right elbow x-ray, physical therapy and medication. The PTP requested an initial trial of 12 sessions of chiropractic therapy to the right elbow. On 2/11/15 Utilization Review modified the request and non-certified Chiropractic 6 Visits, allowing 6 sessions to the right elbow. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 Visits, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Elbow Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has not received prior chiropractic care for the right elbow as reported in the records by the PTP. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulation for the elbow. The PTP requested 12 sessions of chiropractic care to the right elbow. The UR department modified the request and approved 6 sessions. The ODG Elbow chapter recommends manipulation only on a short term limited basis. It is unknown if the already approved 6 sessions have been completed. Additional sessions may be warranted per the MTUS with evidence of objective functional improvement. The MTUS states that objective functional improvement must be present and "measured" in order for additional care to be warranted. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment. " The chiropractic treatment records are not present in the materials provided for review. I find that the request for 6 additional chiropractic session to be rendered to the right elbow to not be medically necessary and appropriate.