

Case Number:	CM15-0044748		
Date Assigned:	03/16/2015	Date of Injury:	05/07/2014
Decision Date:	05/04/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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: Internal Medicine

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 (IW) is a 53-year-old male who sustained an industrial injury on 05/07/2014. Diagnoses include bilateral lateral epicondylitis. Treatment to date has included medications and tennis elbow bands. Diagnostics performed to date included ultrasound and x-rays. According to the progress report dated 11/12/14, the IW reported bilateral elbow pain. The report stated there was lateral epicondyle tenderness bilaterally. A request was made for chiropractic treatment twice weekly for four weeks, then once weekly for four weeks for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 then 1x4=12 visits/8weeks for the bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-28, Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60. Decision based on Non-MTUS Citation ACOEM 3rd Edition Elbow disorders (2012) <http://www.guideline.gov/content.aspx?id=38447>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment. Per MTUS guidelines, chiropractic treatment is not recommended for forearm, wrist, and hand conditions (Page 58). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 10 Elbow Complaints (Revised 2007) indicates that quality studies are available on manipulation in subacute and chronic lateral epicondylalgia patients, but the available studies conflict on whether it is beneficial. Thus, there is no recommendation for using manipulation. ACOEM 3rd Edition (2012) indicates that manipulation and mobilization are not recommended for elbow disorders. Medical records document a history of lateral epicondylitis and elbow and forearm sprain and strain. Chiropractic treatment for elbow and forearm conditions is not supported by MTUS or ACOEM guidelines. Therefore, the request for chiropractic treatment is not medically necessary.