

Case Number:	CM15-0055301		
Date Assigned:	03/30/2015	Date of Injury:	09/03/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: Emergency 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 is a 59 year old female, who sustained an industrial injury on 9/3/13. She reported right shoulder and arm injury. The injured worker was diagnosed as having right shoulder sprain/strain, right arm/wrist sprain/strain, myalgia and myositis, disorders of bursae and tendons in shoulder, spasm of muscle, sleep disorder and stiffness of elbow. Treatment to date has included (MRI) magnetic resonance imaging, x-rays, physical therapy, arthroscopy of right elbow, oral pain medications and activity restrictions. Currently, the injured worker complains of right elbow pain with muscle spasms. Upon physical exam, tenderness is noted at the lateral epicondyle. The current treatment plan consisted of a Terocin patches, acupuncture treatment and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatment & adjunctive physiotherapies with exercise instruction for right wrist, elbow/arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The requested 12 chiropractic treatment & adjunctive physiotherapies with exercise instruction for right wrist, elbow/arm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-60, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has right elbow pain with muscle spasms. The treating physician has documented tenderness is noted at the lateral epicondyle. The treating physician has not documented objective evidence of derived functional improvement from completed chiropractic sessions such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence, nor the medical necessity for a current trial of therapy beyond the recommended trial of 6 sessions before re-evaluation. The criteria noted above not having been met, 12 chiropractic treatment & adjunctive physiotherapies with exercise instruction for right wrist, elbow/arm is not medically necessary.