

<b>Case Number:</b>	CM15-0085416		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/31/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 47 year old male patient who sustained an industrial injury on 12/31/2014. The worker reports, on 12/31/2014 having acute onset of sharp, strong pain in the left elbow while extending his arm grabbing a tool. He informed employer was sent for evaluation and treated with anti-inflammatory agent and a course of physical therapy. He was subsequently referred for a magnetic resonance imaging of the left elbow which resulted in scheduling for a surgical procedure, 04/03/2015. An orthopedic evaluation performed on 03/18/2015 reported current work status as not working. He has subjective complaint of moderate neck pain and intermittent moderate left elbow pain. He is currently taking Hydrocodone as needed for pain. He has a history of right elbow surgery in 2002 repairing a torn ligament. Objective findings showed increased tone with associated tenderness about the paracervical and trapezial muscles. There is some guarding on examination. There is mild tenderness as the lateral epicondyle. The impression noted the patient with moderate sized joint effusion, no evidence of fracture of osteochondrial lesion, chronic lateral epicondylitis associated with intermittent to high grade partial thickness tearing involving greater than 50% of the proximal insertion of the common extensor tendon, and tear of the proximal insertion of the radial collateral ligament. He is diagnosed with: cervical spine strain/sprain with radicular complaints, and left elbow lateral epicondylitis. The plans of care noted recommending the patient to physical therapy sessions, an initial trial of 4 sessions of chiropractic care to the cervical spine and undergo a magnetic resonance imaging of cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic Treatment of Cervical Spine (once a week for 4 weeks) for a total of 4 treatment sessions as an outpatient:** Overturned

**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 Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

**Decision rationale:** The patient has never received chiropractic care for his neck injury per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck and Upper Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. I find that the 4 initial chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.