

<b>Case Number:</b>	CM14-0125479		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male with a reported date of injury on 4/30/2013. During a delivery, the patient was holding and pulling a hand truck with groceries with one hand and opened a gate with the other, when he experienced immediate pain and elbows bilaterally. The patient presented for chiropractic care on 07/11/2014 with complaints of constant, moderate to severe pain, numbness and muscle cramps in his elbows and forearms bilaterally. Objective findings were reported as, diminished grip strength for this right handed individual; right: 30, 25, 30, and left: 15, 5, 15; painful elbow flexion and pronation, moderate/severe myospasm of the forearm extensors musculature with tenderness along the lateral and medial epicondyles, and positive Cozen's, Golfer's and Tinels tests. Diagnoses were noted as elbow sprain, lateral epicondylitis, and medial epicondylitis. The patient was not capable of performing his usual work. The chiropractor requested treatment at a frequency of 3 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor 3x4 QTY:12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26, Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-60.. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Elbow (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/15/2014.

**Decision rationale:** The request for 12 chiropractic sessions to the elbows is not supported to be medically necessary. Although MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions, MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of elbow conditions; therefore, MTUS is not applicable in this case. ODG is the reference source for treatment of elbow conditions, and ODG does not support the request for 12 chiropractic sessions to the left elbow. In the Elbow (Acute and Chronic) section, ODG Chiropractic Guidelines support up to 3 visits of chiropractic contingent on objective improvement documented (ie. VAS improvement greater than 4), with an additional trial of up to 3 more visits contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. There is no evidence of measured objective improvement with chiropractic care provided to the elbow, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and there is no evidence of active self-directed home therapy. Therefore, the request for 12 chiropractic treatment sessions exceeds ODG guidelines recommendations. The request is not medically necessary.