

<b>Case Number:</b>	CM14-0130716		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 44-year old female with a reported date of injury of 05/15/2011, but no specific history of injury was provided for this review. She presented for chiropractic care on 04/05/2012 with complaints of right elbow pain radiating to the right forearm, rated 7/10, with numbness of the right hand. By examination on 04/05/2012, right elbow extension was 45%, flexion 50%, and 20% in supination; TTP lateral epicondyle, and + Tinel's at wrist and elbow. The patient was diagnosed with right lateral epicondylitis and right upper extremity neuropathy. The treatment plan included functional restoration at a frequency of 2 times per week for 4 weeks, acupuncture, QFCE, interferential unit and combo thermal unit. The chiropractor's PR-2 of 03/04/2014 reported the patient status post right lateral elbow surgery 02/12/2014 and recommended a treatment plan to include chiropractic manipulative therapy and acupuncture 2 times per week for 6 weeks, and QFCE. The patient underwent medical reevaluation on 05/09/2014 with complaints of intermittent numbness and tingling of right forearm and hand since elbow surgery on 02/12/2014. She reported her pain well-controlled with medication. Diagnoses were noted as right elbow lateral epicondylitis, right elbow internal derangement, bilateral upper extremity neuropathy, bilateral lower extremity neuropathy, carpal tunnel syndrome, cervical spine sprain/strain, myospasms, low back pain, lumbar spine disc protrusions, and status post right lateral epicondyle release 02/12/2014. The medical provider recommended postoperative chiropractic treatment to include supervised physiotherapy at 2 times a week for 6 weeks. The chiropractor's PR-2 of 05/15/2014 reports the right elbow was better, rated 2/10. Objectively, there was post-surgical healing scar over lateral epicondyle and + Mills. Diagnoses were reported as lateral epicondylitis of elbow, radial collateral ligament sprain/strain, displacement thoracic/lumbar disc without myelopathy, and carpal tunnel syndrome. There was a request to begin postsurgical rehabilitation. The chiropractor's PR-2 of 06/26/2014, reports the

elbow better. Objectively the patient exhibited full range of motion in flexion and extension, 5/5 strength with no elbow or wrist pain, and slight pain with ML stress. Diagnoses were unchanged from 05/15/2014. A treatment plan of rehabilitation at a frequency of 2 times per week for 2 weeks was recommended. There is a current request for chiropractic physiotherapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Upper Extremity.

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

**Decision rationale:** The request for chiropractic therapy to the upper extremities for diagnoses of lateral epicondylitis of elbow, radial collateral ligament sprain/strain, and carpal tunnel syndrome 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 in the care of forearm, wrist, and hand complaints, and carpal tunnel syndrome manual therapy and manipulation are "not recommended." Again, MTUS reports in the care of forearm, wrist, and hand complaints, and carpal tunnel syndrome manual therapy and manipulation are "not recommended;" therefore, the request for chiropractic physiotherapy is not supported to be medically necessary.