

Case Number:	CM14-0185207		
Date Assigned:	11/13/2014	Date of Injury:	05/10/2013
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 a licensed Doctor of 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:

According to the available medical records, this is a 37 year old female with chronic right elbow and low back pain, date of injury is 05/10/2013. Previous treatments include medications, injections, physical therapy, home exercise programs, elbow sling, and modified work activities. Primary treating doctor's first report dated 09/30/2014 revealed patient with constant, sharp right elbow and lumbosacral spine pain radiating to bilateral buttocks. Physical examination include positive imaging for right radial head fracture, restricted Rom of the right elbow and lumbar spine, positive orthos tests of the right elbow and lumbar spine, spasms, tenderness. Diagnoses include right elbow sp/st, lumbar sp/st, and bilateral sciatica. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic w/ associated therapy 2 x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Sprain/strain

Decision rationale: The claimant presents with chronic pain in the right elbow and low back despite previous treatments with medications, injection, physical therapy, bracing, and home exercise program. While MTUS guidelines do not recommend chiropractic treatments for forearm, wrist and hand, ODG limited chiropractic manipulation to 2-3 visits if objective functional improvement can be obtained. Therefore, the request for 16 chiropractic treatments for this claimant elbow is not medically necessary.