

<b>Case Number:</b>	CM14-0195184		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Chiropractor (DC) 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 patient is a 52 year old female who suffered a cumulative trauma injury to her left elbow on 1/31/2013. The patient is status post-surgery for the left elbow (left elbow debridement of extensor carpi radialis brevis and decortication of lateral epicondyle). Per the PTP's progress report the patient "underwent left elbow surgical debridement. Since the last examination she is doing well; however she complains of left elbow pain rated as 4/10. She reports that the pain is associated with numbness and swelling. The pain radiates to the left wrist and hand." The patient has been treated with medication, surgery, epidural injections, brace, sling, acupuncture and physical therapy. The diagnoses assigned by the treating physician is left elbow lateral epicondylitis status post-surgery. An MRI study of the left elbow has revealed common flexor and extensor tendonitis (epicondylitis). The PTP is requesting 12 additional post-surgical chiropractic care sessions with physiotherapy and myofascial release to the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro treatment with physiotherapy and myofacial release 2x6 for the left elbow:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Per the records provided for review the patient underwent left elbow surgery. The procedure performed was left elbow debridement and decortication of the lateral epicondyle. The operating report provided in the materials was reviewed. The MTUS Post-surgical Treatment Guidelines, for debridement and lateral epicondyle surgery, recommends post-surgical physical medicine treatment 20 visits over 2 months. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. In the absence of surgery manipulation is not recommended for the elbow but in the presence of surgery physical medicine is recommended for the elbow. The records provided show that the patient has received chiropractic care for her injuries in the past but the number of treatments received is well under 20 post-surgery. I find that the 12 chiropractic sessions to the left elbow with physiotherapy and myofascial release to be medically necessary and appropriate.