

Case Number:	CM15-0016223		
Date Assigned:	02/04/2015	Date of Injury:	06/12/2014
Decision Date:	03/24/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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 45 year old male, who sustained an industrial injury on 6/12/14. On 1/28/15, the injured worker submitted an application for IMR for review of Additional chiropractic care for the right elbow (4 sessions). The treating provider has reported the injured worker complained of right elbow pain. The diagnoses have included medial epicondylitis, cubital tunnel syndrome. Treatment to date has included chiropractic care x8, MRI right elbow (1/13/15), EMG/NCS (10/17/14). On 1/23/15 Utilization Review MODIFIED for additional chiropractic care for the right elbow (4 sessions) to only ONE SESSION to transition to a home exercise program. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care for the right elbow (4 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602, Chronic Pain Treatment Guidelines Page(s): 58-59 and 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter MTUS Definitions

Decision rationale: The patient has received chiropractic care for his elbow injury in the past. The patient suffered an injury to his right elbow while trying to manually start a generator. The ODG Elbow Chapter states that manual therapy and manipulation is "recommended" for the elbow on a "short term limited basis." The same section states that "(if a decision is made to use this treatment despite the lack of convincing evidence) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." The patient has received chiropractic care to the right elbow and the objective findings provided in the records have shown functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The UR department has recognized this improvement and modified the request from 4 sessions and approved one session of manipulative care to the right elbow. Given these circumstances I find that the 4 additional chiropractic sessions to the right elbow to be medically necessary and appropriate.