

Case Number:	CM15-0125278		
Date Assigned:	07/09/2015	Date of Injury:	02/20/2015
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Chiropractor, Oriental Medicine

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 32 year old male who sustained an industrial injury on February 20, 2015. He has reported right elbow pain, right forearm pain, right wrist pain, and right fourth digit pain and has been diagnosed with right lateral epicondylitis, improved, myofascial pain in the right wrist extensor musculature, and possible carpal tunnel syndrome on the right. There was no significant tenderness to palpation over the right lateral epicondyle. There was mild tenderness to palpation over the right wrist extensor musculature. Active range of motion in the right upper extremity was within normal limits and symmetrical when compared to the left. Manual muscle testing reveals 4/5 strength in the right wrist extensors limited by pain. There was a positive Cozen's on the right reproducing his right elbow pain. He had a positive Tinel's Phalen's, and compression sign at the right wrist reproducing numbness and tingling in the first three and a half digits of the right hand. The treatment request included chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x week x 3 weeks Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-68.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has had chiropractic in the past, but there is no documentation of any functional improvement associated with prior treatment. Also chiropractic is not indicated for the right upper extremity. Therefore, further chiropractic visits are not medically necessary.