

Case Number:	CM15-0138525		
Date Assigned:	07/28/2015	Date of Injury:	05/23/2014
Decision Date:	12/03/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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

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 41 year old male who sustained an industrial injury on 5-23-14. A review of the medical records indicates he is undergoing treatment for status post open reduction internal fixation of the left capitellum fracture - now with hardware removal, status post ulnar nerve anterior transposition, and median nerve symptoms - status post injections. Medical records (6-9-15) indicate hardware removal was completed of the left capitellum fracture on 12- 15-14. He had one "injection" on 4-8-15. He reports he "still has great difficulty with driving long distances, persistent numbness in the small finger, and pain directly over the medial aspect of the left elbow". The physical exam (6-9-15) reveals tenderness to palpation over the medial aspect of the left elbow. Range of motion is noted to be "near full". Decreased sensation is noted over the radial aspect of the small left finger. The treatment plan includes progression of work duty "with limited restrictions" and chiropractic treatment. The utilization review (6-18-15) includes a request for authorization of chiropractic treatment for the left elbow as an outpatient. The treatment request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (unspecified) treatment for the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Chronic Pain Considerations.

Decision rationale: The claimant presented with chronic pain in the left elbow, status post surgical reduction of the left capitellum fracture and hardware removal. Previous treatments include medications, physical therapy, injections, and surgery as mentioned. Reviewed of the evidences based MTUS guidelines showed no recommendation of chiropractic manipulation for the elbow. Therefore, the request for some chiropractic treatment for the left elbow is not medically necessary.