

Case Number:	CM15-0024131		
Date Assigned:	02/13/2015	Date of Injury:	02/26/2014
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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:

According to the available medical records, this is a 33 year old male with chronic pain in the elbow/forearm and wrists, date of injury is 10/14/2013. Previous treatments include medications, acupuncture, and physical therapy. Treating doctor initial report dated 11/17/2014 revealed patient complains of aching pain, pulsing, and shocking to his arms, numbness and tingling when bending his elbows, frequent moderate bilateral elbows and left wrist pain. There is tenderness to palpation of the anterior and posterior elbows, tenderness to palpation to the dorsal and volar wrist, ROM are normal. Diagnoses include right lateral epicondylitis, left lateral epicondylitis, and left wrist pain. The patient is placed on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 3Wks Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended Page(s): 58-59. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines Elbow: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement greater than 4). Further trial visits up to 3 more contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy.

Decision rationale: The claimant presented with ongoing pain the bilateral elbows and left wrist despite previous treatments with medications, acupuncture, bracing, and physical therapy. Current request is for 6 chiropractic manipulation treatment for the elbows and wrist. While evidences based MTUS guidelines do not recommend chiropractic treatment for the wrist and forearm, Official Disability Guidelines might recommend up to 3 chiropractic treatment for the elbow contingent on objective improvement. Therefore, the request for 6 chiropractic treatments is not medically necessary and appropriate.