

Case Number:	CM15-0062762		
Date Assigned:	04/08/2015	Date of Injury:	11/26/2013
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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, Minnesota

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 49-year-old male, who sustained an industrial injury on 11/26/2013 reporting a right elbow injury as a result of lifting type work. On provider visit dated 03/25/2015 the injured worker has reported continues weakness of the elbow and decreased range of motion. On examination of the right elbow revealed a well healed surgical scar, tenderness to palpation was present. Range of motion of the right elbow was decreased. The diagnoses have included status post right bicep tendon repair 11/12/2014, left shoulder sprain/strain, bursitis, subacromial impingement secondary to over compensation. Treatment to date has included post -operative therapy, chiropractic therapy, MRI right elbow, anti-inflammatory and pain medication. The number of completed sessions of chiropractic therapy was unclear. The provider requested 12 sessions of Chiropractic manipulations with exercise, modalities and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulations with exercise, modalities and myofascial release 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 12 sessions of Chiropractic manipulations with exercises, modalities and myofascial release for an unspecified period of time. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.