

Case Number:	CM15-0063427		
Date Assigned:	04/09/2015	Date of Injury:	04/29/2003
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who sustained a work related injury April 29, 2003. According to a primary physician's progress report, dated March 9, 2015, the injured worker presented with frequent pain in the left shoulder and forearm, rated 4/10. His symptoms are aggravated by repetitive forklift shifting, causing burning pain in the right arm. Ice and rest failed to provide relief. Diagnoses included medial epicondylitis; joint pain, elbow; disturbance of skin sensation. Treatment plan included chiropractic adjustments to humerus/radial/joint, myofascial release cervical and right upper extremity and heat pack and EMS (electrical muscle stimulator) to elbow and shoulder region x 6 visits. Request for authorization, dated March 9, 2015 requests extra-spinal adjustment, myofascial release, electrical stimulation, and therapeutic exercise x 6 visits over 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra spinal adjustment, myofascial release, electrical stimulation and therapeutic exercises for 6 visits left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for additional chiropractic care (Extra spinal adjustment, myofascial release, electrical stimulation and therapeutic exercises for 6 visits left elbow), Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care (Extra spinal adjustment, myofascial release, electrical stimulation and therapeutic exercises for 6 visits left elbow) is not medically necessary.