

Case Number:	CM15-0093133		
Date Assigned:	05/19/2015	Date of Injury:	02/18/2015
Decision Date:	06/19/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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 40-year-old female, who sustained an industrial injury on 2/18/2015. She reported packing towels into a container, when suddenly a coworker pushed container into her right elbow. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified, lateral epicondylitis, disorders of bursae and tendons in shoulder region, unspecified, and spinal enthesopathy. Treatment to date has included medications, diagnostics, tennis elbow brace, mobilization, myofascial release, ultrasound, muscle stimulation, and therapeutic exercises. Currently, the injured worker complains of pain in her cervical spine and right shoulder. Cervical pain was documented as improving slowly and was rated 3/10, with a range of 2->7/10. Right shoulder pain was documented as slowly improving, with moderate pain reported. Exam of the cervical spine noted moderate tenderness to palpation and positive right shoulder depression test. Exam of the right shoulder noted decreased range of motion with pain, moderate tenderness to palpation, positive Apley's scratch test, positive Speed's test, positive Yergason test, and positive Cozen's test in the right elbow. Work status was modified with restrictions. Medication regime was not noted. The treatment plan included chiropractic, 3 x 4, to the right elbow. The Utilization Review decision letter noted peer to peer discussion with the requesting physician, noting that this was an initial request for treatment, of which he already saw the injured worker 9 times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatments 3 times a week for 4 weeks to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain 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 treatment over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Manipulation to the elbow is not recommended according to the above guidelines. The doctor has requested chiropractic treatment 3 times a week for 4 weeks to the right elbow. The request for treatment is not according to the above guidelines and therefore the treatment to the elbow is not medically necessary.