

<b>Case Number:</b>	CM17-0003192		
<b>Date Assigned:</b>	01/10/2017	<b>Date of Injury:</b>	10/11/2016
<b>Decision Date:</b>	02/08/2017	<b>UR Denial Date:</b>	12/15/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/04/2017

### 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 47 year old male, who sustained an industrial injury on 10-11-2016. Medical records indicate the worker is undergoing treatment for nondisplaced fracture of the left radius head. A recent progress report dated 12-8-2016, reported the injured worker complained of left elbow pain. Physical examination revealed decreased left elbow range of motion with lateral tenderness and pain at extreme range of motion. Treatment to date has included physical therapy and medication management. The injured worker is on temporary total disability. On 12-8-2016, the Request for Authorization requested Chiropractic physiotherapy 2 times a week for 4 weeks (8 sessions) to the left elbow. On 12-15-2016, the Utilization Review modified the request. Chiropractic physiotherapy 2 times a week for 4 weeks (8 sessions) to the left elbow was the original request. Chiropractic physiotherapy for 3 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, 5 sessions of chiropractic physiotherapy for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy 2 times a week for 4 weeks (8 sessions) to the left elbow was the original request. Chiropractic physiotherapy for 3 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, 5 sessions of chiropractic physiotherapy for the left elbow is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations, Radial Head Fracture.

**Decision rationale:** The claimant presented with pain in the left elbow due to a nondisplaced fracture of the left radius head. Previous treatments included medications, physical therapy, and home exercises. Reviewed of the evidences based MTUS guidelines showed no recommendations of chiropractic manipulation for the elbow, therefore, the request for 8 chiropractic visit for the left elbow is not medically necessary.