

Case Number:	CM15-0137508		
Date Assigned:	07/27/2015	Date of Injury:	08/12/2014
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic elbow and upper arm pain reportedly associated with an industrial injury of August 12, 2014. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for Tylenol No. 3 and MRI imaging of the elbow. The claims administrator referenced a June 15, 2015 progress note in its determination. On said June 15, 2015 progress note, the claimant reported ongoing complaints of elbow pain and discomfort. The applicant had undergone earlier elbow surgery, it was reported. Some residual tenderness was appreciated about the elbow epicondylar region. X-rays of the elbow demonstrated an implant in an appropriate position. Tylenol No. 3 was prescribed. MRI imaging of the elbow was endorsed for preoperative planning purposes. The attending provider stated that the applicant was pending an anterior-posterior release and radial head exchange procedure involving the elbow status post earlier elbow radial head replacement surgery. In another section of the note, it was stated that the applicant's prior radial head replacement procedure and LCL reconstruction had resulted in a contracture and scarring. No seeming discussion of medication efficacy transpired insofar as Tylenol No. 3 was concerned. The applicant was placed off of work, on total temporary disability. An earlier note of January 5, 2015 suggested that the applicant was using Norco and Ultracet as of that point in time. The applicant was placed off of work, on total temporary disability, on this date as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tylenol #3 1 tablet every six hours as needed quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: The request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the June 15, 2015 progress note at issue. Said June 15, 2015 progress note contained no discussion of medication efficacy. There was no mention of whether or not ongoing usage of Tylenol No. 3 was or was not effective here. Therefore, the request was not medically necessary.

MRI left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42; 33.

Decision rationale: Conversely, the request for MRI imaging of the elbow was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 42, MRI imaging is "recommended" for applicants with suspected ulnar collateral ligament tears, i.e., the diagnosis reportedly present here. The attending provider further stated that the MRI imaging in question was intended for preoperative planning purposes. The attending provider stated that the applicant was planning to undergo revision elbow surgery following earlier lateral collateral ligament reconstruction and radial head implantation surgery. The MTUS Guideline in ACOEM Chapter 10, page 33 further notes that two of the cardinal criteria for pursuit of imaging study are evidence that said imaging study result would substantially change the treatment plan with agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion is identified. Here, the attending provider did state that the applicant was planning to move forward with a radial head exchange procedure and/or lateral collateral ligament reconstruction procedure and that the MRI in question was indicated for preoperative planning purposes. Therefore, the request was medically necessary.

