

Case Number:	CM15-0177059		
Date Assigned:	09/17/2015	Date of Injury:	05/27/2015
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 05-27-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, thyroid disease, high cholesterol, left shoulder strain, left trapezius muscle strain, thoracic spine strain, left elbow strain, and left lateral epicondylitis. Medical records (05-27-2015 to 07-10-2015) indicate ongoing and worsening pain in the left shoulder and elbow. Records also indicate decreased ability to participate in activities of daily living due to increased pain and decreased range of motion (ROM). Per the progress report (PR), dated 07-10-2015, physical therapy had not been authorized. At this time the IW was referred to an orthopedic specialist. Per the treating physician's PR, the IW was placed on modified duty with restrictions. The initial orthopedic exam (07-24-2015), revealed continued restricted and painful ROM in the left shoulder, continued pain over the left lateral epicondyle, pain with flexion of the left wrist, and tenderness over the bony structures of the left wrist. Relevant treatments have included 18 sessions of physical therapy (PT) with little improvement (per the report dated 07-24-2015), left shoulder sling, work restrictions, and pain medications (Tylenol with codeine since 06-11-2015). The orthopedic report states that x-rays of the left shoulder and left elbow showed a type II acromion with no other abnormalities. A urine drug screening, dated 07-24-2015 was noted to be negative for codeine and other agents. The request for authorization for the disputed services was not available for review; however, the exam note (07-24-2015) and utilization review letter state that the following tests and medication were requested: MRI of the left elbow (denied), MRI of the left shoulder (denied), and Tylenol with codeine T3 #45 (modified). The original utilization

review (08-20-2015) denied a request for a MRI of the left elbow based on the current diagnoses and lack of change in the IW's condition; denied a request for a MRI of the left shoulder based on the current diagnoses and lack of change in the IW's condition; and partially approved a request for Tylenol with codeine T3 #45 (approved #30) based on long-term use, lack of functional improvement, and lack of improvement in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

Decision rationale: According to the guidelines, an MRI is indicated for ulnar collateral tears. It is not recommended for epicondylitis. In this case, the claimant has unremarkable x-rays. There is no mention of suspected ligament tear. The MRI was requested to assess anatomy. The claimant did have epicondylitis. The MRI may be an option but is not considered a medical necessity.

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

Tylenol with Codeine T3 #45: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for several months without mention of pain scores. NSAIDS were used at daytime and Tylenol # 3 at night. There was no mention of Tylenol or weaning failure. The continued and long-term use of Tylenol #3 is not medically necessary.