

Case Number:	CM13-0007123		
Date Assigned:	10/11/2013	Date of Injury:	10/29/2010
Decision Date:	02/07/2014	UR Denial Date:	07/28/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services.

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 patient is a 60-year-old male who reported an injury on October 29, 2010 when he is reported to have fallen off a ladder (approximately 18 feet). He is reported to have fallen on his face and his head bounced backwards. The patient is reported to complain of ongoing cervical pain and left shoulder pain. The patient is noted to have been treated with sutures on the date of injury to his face and his left wrist was reported to have been fractured and he was placed in a short arm splint and then the patient underwent an open reduction, internal fixation of the left wrist on November 2, 2010 with hardware removal approximately 6 weeks later. He is reported to have undergone a course of physical therapy following the hardware removal to his left wrist and also his cervical spine and left shoulder. MRIs of his neck and left shoulder were reported to have been obtained and the patient is noted to have undergone 1 injection with cortisone which was without benefit. He is noted to have completed 20 sessions which were beneficial and to have been shown some exercises which he was reported to be continuing to perform at home by an AME report dated February 25, 2013 signed by [REDACTED]. On March 11, 2013, the patient underwent a second MRI of the left shoulder without contrast which is reported to show tendinosis, tendinopathy, and mild partial tearing and fraying of the supraspinatus anteriorly to its insertion site with no rotator cuff muscle atrophy noted and there was a gradual curvature of the acromion with mild acromioclavicular joint arthropathy without significant deformity of the supraspinatus muscle tendon complex. A clinical note dated May 22, 2013 signed by [REDACTED] reported the patient had decreased range of motion of the cervical spine with some pain, slight trapezial and paracervical muscle tenderness on the left, a Spurling's test was positive on the left, there was slight stiffness in the left shoulder with some pain on range of motion, impingement

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient is a 60-year-old male who reported an injury on 10/29/2010 when he is reported to have fallen off a ladder (approximately 18 feet) onto his face and his head bounced backwards. He is reported to complain of ongoing cervical pain, left shoulder pain and left wrist pain. He is noted to have been diagnosed with a left wrist fracture and to have undergone an open reduction of the left wrist on 11/02/2010 followed by hardware removal 6 weeks later. He is reported to have undergone physical therapy to his left wrist and also to his cervical spine and left shoulder for approximately 20 sessions which were beneficial. He is noted to have been instructed in a home exercise program and on 02/25/2013, the AME reported the patient was performing a home exercise program. The California MTUS Guidelines recommend up to 9 to 10 visits over 8 weeks for treatment of myalgia and myositis. They state that patients should be instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient is noted to have completed 20 sessions of physical therapy with some benefit and was reported to have been performing a home exercise program. There is no documentation of quantitative range of motion or strength testing having been performed of the cervical spine and left shoulder to support the need for additional physical therapy. Based on the above, the requested additional 10 sessions of physical therapy do not meet guideline recommendations. As such, the request for physical therapy 2 times a week for 5 weeks is non-certified.

Voltaren 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient is a 60-year-old male who reported an injury on October 29, 2010 when he is reported to have fallen off a ladder (approximately 18 feet) onto his face and his head bounced backwards. He is noted to have suffered a broken wrist on the date of injury and to have later undergone an open reduction, internal fixation of the wrist and then a hardware removal. He is noted to have completed 20 sessions of postoperative physical therapy with good benefit. He is reported to continue to complain of pain in the cervical spine, left shoulder, and left wrist. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of nonsteroidal anti-inflammatories for treatment of osteoarthritis, the lowest dose for the shortest period of time for patients with moderate to severe pain, and recommend the

use of nonsteroidal anti-inflammatories for exacerbation of pain for short-term relief for patients who have back pain. As there is no documentation that the patient has been diagnosed with osteoarthritis and the patient appears to be taking it on a long-term ongoing basis, the requested Voltaren does not meet guideline recommendations. Based on the above, the request for Voltaren 100 mg #60 is non-certified.