

<b>Case Number:</b>	CM13-0027292		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 an employee of [REDACTED] and has filed a claim for rotator cuff syndrome associated with an industrial injury date of February 2, 2011. The utilization review from August 23, 2013 denied the request for Voltaren gel due to no documentation of osteoarthritis and follow-up visit with a hand surgeon due to no documented change in subjective or objective clinical findings. The treatment to date has included medications. Medical records from 2013 through 2014 were reviewed showing the patient undergoing electrodiagnostic studies which diagnosed mild right carpal tunnel syndrome. The patient has been seen by a hand surgeon who suggested radial tunnel release but this was subsequently denied. The latest note from the hand surgeon did not suggest any treatment other than to follow up with the primary treating physician. The patient continues to complain of pain in the proximal right forearm that radiates to the right hand. On examination, and the patient has a positive Tinel's sign on the dorsum of the right wrist and pressure over the right radial tunnel in the right forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 100 GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As stated on page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints to lend themselves to topical treatment such as ankles, elbows, feet, hands, knees, and wrists. In this case, the patient has been prescribed Voltaren gel since August 2013. However, there has been no documentation concerning osteoarthritis in this patient. Therefore, the request for Voltaren gel is not medically necessary.

**FOLLOW UP VISIT WITH HAND SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations, Page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has seen a hand surgeon but the requested procedure was denied. The hand surgeon did not provide any other treatment options and has suggested that the patient follow-up with the primary treating physician. The patient's condition has not significantly changed. Given that the patient's condition has not changed and there are no other treatment options given by the hand surgeon, the request for follow-up visit with hand surgeon is not medically necessary.