

<b>Case Number:</b>	CM14-0025728		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Surgery and is licensed to practice in 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 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 injured worker is a 49-year-old female with a reported date of injury of October 16, 2013. The mechanism of injury occurred while working with a tape gun, taping boxes and felt her right wrist snap. The accepted injury is to the upper extremities wrist. The current diagnoses are left rotator cuff syndrome and bilateral wrist enthesopathy. Treatment has included: physical therapy, wrist brace and medications. The most recent report on file, dated February 3, 2014, a treating physician notes: the injured worker complains of bilateral wrist pain; left wrist brace that was too small and requested another; mild volar left wrist swelling and tenderness; left wrist lacks 15 degrees flexion/extension and lacks 5 degrees radial deviation; grip is weak. Tinel's and Finkelstein's are negative. There is a positive impingement, Hawkins's, and empty can test to the left shoulder. The injured worker complains of stomach upset with oral medications. On follow up visit dated 1/27/14, the injured worker complains of wrist pain 6/10 on the pain scale, noted 3/10 on left side and 5/10 on right side. Recent MRI study of shoulder shows thickening and high signal intensity within the supraspinatus tendon, consistent with tendinopathy with no rotator cuff tear identified dated 02/24/14. Previous utilization review dated 02/12/14 recommended the request for wrist brace and right shoulder MRI, while not recommending the request for voltaren gel 100GM, three tubes and additional outpatient occupational therapy, two times a week for four weeks was modified to four visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VOLTAREN GEL 100GM THREE (3) TUBES:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Voltaren gel.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines approve this medication for topical use due to joint pain. The documentation of 3/25/14 reveals that the injured worker has been on omeperazole and is intolerant of Arthrotek. The injured worker has symptoms of gastritic problems with many oral medications. The Voltaren gel was prescribed in order to mitigate the gastric problems and GERD symptoms with oral NSAIDs. Official Disability Guidelines (ODG) recommend use of topical Voltaren for those with complications from Oral NSAIDs and as a second line use of the topical gel after oral medications have been attempted. Given the intolerance with Oral NSAIDs, topical Voltaren Gel is reasonable and is recommended.

**OCCUPATIONAL THERAPY TO THE BILATERAL WRISTS, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sprains and strains of wrist and hand, occupational therapy visit.

**Decision rationale:** The Official Disability Guidelines (ODG) recommendation for occupational therapy visits for wrist sprains and strains, a maximum 9 visits in 8 weeks. As per medical records, the injured worker has been visited 5 times. Based on ODG, only 4 more visits are indicated and would be approved. The request exceeds the recommendation from ODG. The request for occupational therapy for bilateral wrists, 2 visits per week for 4 weeks is not medically necessary.