

Case Number:	CM15-0149408		
Date Assigned:	08/12/2015	Date of Injury:	04/20/2001
Decision Date:	09/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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 59-year-old who has filed a claim for chronic shoulder, wrist, and forearm pain reportedly associated with an industrial injury of April 20, 2001. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve requests for Voltaren gel and six sessions of physical therapy for the shoulder. The claims administrator referenced a progress note of June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of right shoulder pain. The applicant was using Norco for pain relief. Ancillary complaints of neck, elbow, wrist, and forearm pain were reported. The applicant had developed derivative issues with sleep disturbance. Voltaren gel, Norco, omeprazole, and six sessions of physical therapy were endorsed. The applicant had been given permanent restrictions as of 2002, it was reported. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% as prescribed on 6/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on June 24, 2015 that Voltaren gel was intended to ameliorate the applicant's ongoing issues with right shoulder pain, i.e., the applicant's primary pain generator. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. The attending provider failed to furnish a clear or compelling rationale for selection of Voltaren gel for a body part, the shoulder, for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of first-line oral pharmaceuticals, including Norco, moreover, seemingly obviated the need for the topical Voltaren gel at issue. Therefore, the request was not medically necessary.

Additional physical therapy 2x3 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for six sessions of physical therapy for the shoulder was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatment goals." Here, permanent work restrictions were renewed on June 24, 2015. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on opioid agents such as Norco, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The attending provider, it is further noted, stated on June 24, 2015 that the applicant was in fact performing home exercises as of that. Both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that applicants should transition toward self-directed, home-based physical medicine during the chronic pain phase of treatment. Here, the attending provider did not, in short, clearly state how

the applicant could stand to gain from further formal physical therapy, going forward, given the chronicity of the applicant's issues, the imposition of permanent work restrictions, and the fact that the applicant had already transitioned to self-directed home-based physical medicine as of the June 2015 office visit at issue. Therefore, the request was not medically necessary.