

Case Number:	CM15-0186710		
Date Assigned:	09/28/2015	Date of Injury:	11/16/2010
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female who sustained an industrial injury on November 16, 2010. A recent primary treating office visit dated August 31, 2015 reported subjective complaint of "improved with physical therapy, left foot continued minimal weight bearing." The following diagnoses were applied to this visit: right rotator cuff tear status post repair; cervical herniated nucleus pulposus and left foot neuroma. The plan of care is with recommendation for extension of physical therapy sessions treating the left foot, and prescribed Voltaren gel for inflammation. Primary follow up dated February 16, 2015 reported subjective complaint of "increased shoulder discomfort, limited range of motion." Previous treatment to include: activity modification, oral medication, topical analgesia, physical therapy, chiropractic care and surgery. Of note, multiple physical therapy visit notes ranging from May 2015 through August 2015 showing unchanged short and long-term goals throughout the course of the program. In addition, the oldest therapy visit provided dated April 17, 2014 reported it being the "20th session and by a follow up visit dated November 2014 there were 44 visits denoted. On September 01, 2015 a request was made for additional physical therapy session 12 treating the left foot and Voltaren Gel %1 which were non-certified by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 weeks for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2010 when she fell at work when a phone cord wrapped around her left foot causing her to twist and fall. She continues to be treated for neck, right shoulder, and left foot pain. As of 08/17/15, she had completed 21 physical therapy treatments since an evaluation on 05/07/15. She had previously received therapy in November 2013. She was wearing over the counter orthotics after not tolerating the custom ones that had been provided. Case notes reference completion of 44 treatments in total. When seen by the requesting provider, she had improved with therapy for her foot. Physical examination findings included decreased and painful range of motion. There was tenderness at the third and fourth metatarsal interspace with a minimal effusion. Authorization was requested for an additional 12 treatment sessions for the left foot. Voltaren gel was prescribed for inflammation. The claimant's injury was more than 6 months age. She is being treated for chronic pain with no new injury and has already had excessive skilled physical therapy treatments. She has a neuroma of the foot and physical therapy is not the appropriate treatment for this condition. Continued physical therapy is not medically necessary.

Voltaren gel 1% #1 tube: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

Decision rationale: The claimant sustained a work injury in November 2010 when she fell at work when a phone cord wrapped around her left foot causing her to twist and fall. She continues to be treated for neck, right shoulder, and left foot pain. As of 08/17/15, she had completed 21 physical therapy treatments since an evaluation on 05/07/15. She had previously received therapy in November 2013. She was wearing over the counter orthotics after not tolerating the custom ones that had been provided. Case notes reference completion of 44 treatments in total. When seen by the requesting provider, she had improved with therapy for her foot. Physical examination findings included decreased and painful range of motion. There was tenderness at the third and fourth metatarsal interspace with a minimal effusion. Authorization was requested for an additional 12 treatment sessions for the left foot. Voltaren gel was prescribed for inflammation. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is over age 65 and an oral NSAID would be relatively

contraindicated. She has localized foot pain that may be amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.