

Case Number:	CM15-0197463		
Date Assigned:	10/12/2015	Date of Injury:	04/29/2011
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 38 year old male who sustained an industrial injury 04-29-11. A review of the medical records reveals the injured worker is undergoing treatment for pain in the shoulder joint, impingement-bursitis of the shoulder, shoulder sprain, and rotator cuff strain. Medical records (09-17-15) reveal the injured worker reports the "left shoulder is doing well, but still has some pain." He notes increased muscle spasm throughout the day. The physical exam (09-17-15) reveals weakness noted in the left shoulder with resisted abduction and flexion. Prior treatment includes left shoulder surgery (04-23-15), 26 post-operative physical therapy sessions, home massage, and medications. The original utilization review (09-24-15) non certified the request for additional postoperative physical therapy to the left shoulder and an unknown quantity and strength of Voltaren gel. The documentation supports the injured worker was prescribed Voltaren gel 5 pack on 06-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post-operative physical therapy of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary Online Version last updated 9/8/2015, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: ODG state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. ODG further elaborates recommendations for various surgical procedures as follows: Rotator cuff syndrome/Impingement syndrome: Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks. Complete rupture of rotator Cuff. Post-surgical treatment: 40 visits over 16 weeks. Adhesive capsulitis: Post-surgical treatment: 24 visits over 14 weeks. Dislocation of shoulder: Post-surgical treatment (Bankart): 24 visits over 14 weeks. Sprained shoulder; rotator cuff: Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Superior glenoid labrum lesion: Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks. Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) Medical treatment: 9 visits over 8 weeks. Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Brachial plexus lesions (Thoracic outlet syndrome): Post-surgical treatment: 20 visits over 10 weeks. Fracture of humerus: Post-surgical treatment: 24 visits over 14 weeks. As noted above the recommendation for this IW's post surgical physical therapy course is 24 visits, after which the IW should be transitioned to a home/independent therapy regimen. The available medical record notes the IW has previously had 26 visits of PT, already exceeding the recommendation. The treating physician does not document any special/extenuating circumstance that would require such a prolonged extension of treatment. As such, the request for extended post surgical physical therapy is not medically necessary.

Voltaren gel (unspecified strength and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 9/8/2015, Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the IW's shoulder, an area that this medication does not currently have an indication. As such the request for voltaren gel is not medically necessary.