

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0212842 |                              |            |
| <b>Date Assigned:</b> | 11/02/2015   | <b>Date of Injury:</b>       | 05/13/2013 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 10/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2015 |

### 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: California  
 Certification(s)/Specialty: Emergency 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 injured worker is a 32-year-old female, who sustained an industrial injury on 5-13-2013. The injured worker was diagnosed as having cervical myofascial sprain-strain, shoulder impingement-bursitis, shoulder sprain-strain rotator cuff, carpal tunnel syndrome, and ulnar nerve lesion. Treatment to date has included diagnostics, physical therapy, and medications. On 9-30-2015, the injured worker complains of neck pain radiating to the left shoulder, right wrist-hand pain with occasional numbness and tingling in the hand and small finger, and left wrist pain with numbness and tingling in the palm and fingers. Pain was rated 4-7 out of 10. Previous medication use included Tramadol and Nortriptyline, which were not beneficial, and Ibuprofen (beneficial). She was currently working regular duties. She reported difficulty with sleep, self-care, bathing, writing, typing, gripping and grasping, and lifting. The treating provider noted "no current medications". Exam of the cervical spine noted tenderness in the left paravertebral musculature and trapezius. Motor strength was 5 of 5, reflexes 2+, and sensation was diminished in the bilateral median nerves and right ulnar nerve. Shoulder exam noted tenderness in the left trapezius, subacromion, proximal biceps, and supraspinatus, decreased range of motion on the left, and positive impingement test on the left. Tinel's and Phalen's were positive bilaterally. The treatment plan included Voltaren gel 1% for application (2gm) to the upper extremity 4 times daily and left shoulder Cortisone injection with ultrasound guidance for needle placement. On 10-05-2015 Utilization Review non-certified a request for Voltaren gel and a left shoulder Cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cortisone injection to the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, Initial Care.

**Decision rationale:** The requested Cortisone injection to the left shoulder is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has neck pain radiating to the left shoulder, right wrist-hand pain with occasional numbness and tingling in the hand and small finger, and left wrist pain with numbness and tingling in the palm and fingers. Pain was rated 4-7 out of 10. Previous medication use included Tramadol and Nortriptyline, which were not beneficial, and Ibuprofen (beneficial). She was currently working regular duties. She reported difficulty with sleep, self-care, bathing, writing, typing, gripping and grasping, and lifting. The treating provider noted "no current medications". Exam of the cervical spine noted tenderness in the left paravertebral musculature and trapezius. Motor strength was 5 of 5, reflexes 2+, and sensation was diminished in the bilateral median nerves and right ulnar nerve. Shoulder exam noted tenderness in the left trapezius, subacromion, proximal biceps, and supraspinatus, decreased range of motion on the left, and positive impingement test on the left. The treating physician has documented exam evidence indicative of impingement syndrome. The criteria noted above having been met, Cortisone injection to the left shoulder is medically necessary.

### **Voltaren gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Voltaren gel is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has neck pain radiating to the left shoulder, right wrist-hand pain with occasional numbness and tingling in the hand and small finger, and left

wrist pain with numbness and tingling in the palm and fingers. Pain was rated 4-7 out of 10. Previous medication use included Tramadol and Nortriptyline, which were not beneficial, and Ibuprofen (beneficial). She was currently working regular duties. She reported difficulty with sleep, self-care, bathing, writing, typing, gripping and grasping, and lifting. The treating provider noted "no current medications". Exam of the cervical spine noted tenderness in the left paravertebral musculature and trapezius. Motor strength was 5 of 5, reflexes 2+, and sensation was diminished in the bilateral median nerves and right ulnar nerve. Shoulder exam noted tenderness in the left trapezius, subacromion, proximal biceps, and supraspinatus, decreased range of motion on the left and positive impingement test on the left. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel is not medically necessary.