

<b>Case Number:</b>	CM15-0038106		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 54-year-old female, who sustained an industrial injury on 12/5/14. On 2/28/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of pain in the neck and shoulders. The diagnoses have included right shoulder arm strain. Treatment to date has included medications (ibuprofen, Robaxin and Naproxen). A Utilization Review was completed on 2/4/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Iontopatch with Dexamethasone for the Right Shoulder and Upper Arm 3 times a week for 3 weeks (prescribed 01-23-2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Iontophoresis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines Shoulder (Acute & Chronic) Chapter, under Iontophoresis.

**Decision rationale:** The patient presents with neck and shoulders pain rated 6-7/10. The request is for: IONTOPATCH WITH DEXAMETHASONE FOR THE RIGHT SHOULDER AND UPPER ARM 3 TIMES A WEEK FOR 3 WEEKS (PRESCRIBED 01-23-2015). The RFA provided is dated 01/28/15. Patient diagnosis included right shoulder arm strain. The patient is to return to modified duty. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Iontophoresis states: "Not recommended. Iontophoresis has been tested for calcifying tendinitis of the shoulder and found to be ineffective, and there is no evidence showing effectiveness for other shoulder conditions. (Thomas, 2006)." Iontophoresis is not recommended due to ineffectiveness. With regards to Dexamethasone, since iontophoresis is not recommended, there would be no need for this medication. Therefore, the request IS NOT medically necessary.