

<b>Case Number:</b>	CM14-0114704		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 y/o female who has developed persistent lower extremity pain subsequent to twisting her ankle on 11/27/09. She has been diagnosed with tarsal tunnel, ankle sprain and Reflex Sympathetic Dystrophy. She is treated with injections and Dilaudid 4mg TID. Her chronic pain management is provided by a Podiatrist. There is no documentation in the records provided regarding when and how much prior physical therapy may have been provided. The prescribing physician does not provide any rationale for recommending topical Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week for four weeks (3 X 4):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** MTUS Guidelines recommend up to 24 sessions of physical therapy for the diagnosis of reflex sympathetic dystrophy (RSD). The records provide no evidence that prior therapy has approached the recommended amount of therapy. Under these circumstances the request for 12 (3X4) sessions is consistent with Guidelines and is medically necessary.

**Voltaren Gel 1% #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** MTUS Guidelines do not support the use of topical anti-inflammatories without the clear cut diagnosis of primary inflammatory condition i.e. osteoarthritis or tendonitis. This patient's painful condition is not a result of a primary inflammatory and is neuropathic in nature. Guidelines do not support topical anti-inflammatories under these circumstances and there are no unusual circumstances to justify an exception to the Guidelines. The topical Voltaren Gel 1% is not medically necessary.