

<b>Case Number:</b>	CM14-0121064		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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:

The injured worker is a 53 year-old female who sustained a left shoulder injury on 8/8/13 at her place of employment. The exact mechanism is not documented. She complained of left shoulder pain with paresthesias of left fingers. She was diagnosed with left shoulder rotator cuff tear and left shoulder impingement and bursitis. In 9/2013, she underwent neurodiagnostic tests which showed evidence of moderate-to-severe left carpal tunnel syndrome and mild-to-moderate right carpal tunnel syndrome. On 12/13/13, the patient had left shoulder arthroscopy, decompression, acromioplasty, debridement, and repair of a full thickness rotator cuff. This was followed by 24 physical therapy sessions which improved strength and range of motion but the patient continued with stiffness, mild restriction in range of motion, weakness, and numbness and tingling of left fingers. In 5/2014, the patient had a normal electromyography and nerve conduction test which contradicted the 9/2013 electrodiagnostic findings. She still complained of pain and weakness of her left shoulder, with only mild limitations in range of motion. The patient was taking Celebrex and was recommended to take Norco as needed, but it is unclear if the patient did. The patient was unable to tolerate other anti-inflammatories because of gastritis symptoms, but was able to tolerate Celebrex. The current request is for additional physical therapy and the use of Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2 X 6 WKS, LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Additional physical therapy is not medically necessary. Post-operatively, the patient had the recommended 24 sessions of physical therapy for her left shoulder. She should, at this point, be able to perform a home exercise program. On exam, there were no major deficits, except some pain and mild decrease in range of motion. Further physical therapy would be unlikely to resolve this and patient should continue in-home stretching and strengthening exercises.

**FLECTOR PATCHES 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain <Diclofenac, topical

**Decision rationale:** A Flector patch is not medically necessary. The use of topical analgesics is largely experimental with few RCTs to determine efficacy or safety. It is primarily recommended for neuropathic pain which this patient does not seem to have. There is little evidence for the use of topical NSAIDs in the treatment of osteoarthritis of the shoulder. It is not recommended as first-line treatment but may be an option if there is a risk of adverse effects from oral NSAIDs. However, there was no documentation of adverse effects with Celebrex for this patient. She was unable to tolerate other NSAIDs due to gastritis but can continue with Celebrex. Therefore, Flector is medically unnecessary.