

Case Number:	CM14-0161829		
Date Assigned:	10/07/2014	Date of Injury:	01/11/2014
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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:

The applicant is a represented certified nursing assistant who has filed a claim for shoulder pain reportedly associated with an industrial injury of January 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; initial immobilization with a sling; topical agents; MRI imaging of the shoulder of July 22, 2014, notable for a partial-thickness rotator cuff tear and hypertrophic changes at the AC joint; and work restrictions. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for topical Voltaren gel and also denied a request for a bone scan. Despite the fact that the MTUS addressed the topic of bone scanning, the claims administrator nevertheless invoked non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported persistent complaints of shoulder pain status post earlier shoulder corticosteroid injection therapy. The applicant apparently had flexion limited to 120 degrees secondary to pain. The applicant had a positive impingement maneuver. The applicant was given a presumptive diagnosis of costochondritis versus impingement syndrome versus partial-thickness rotator cuff tear. Additional physical therapy was sought. The applicant's work status was not furnished. In a December 23, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant was using Tylenol and Elavil for pain relief. 7/10 pain was noted. The applicant was asked to employ Voltaren gel. The applicant was given a diagnosis of partial-thickness rotator cuff tear, tendonosis. The applicant was placed off of work through September 25th, and then asked to return to modified work at that point. In a July 25, 2014 progress note, the applicant is again given diagnoses of tenosynovitis and shoulder pain. It was stated that the applicant was working modified duty with limitations in place. On July 3, 2014, the applicant complained that her employer was having her do work above and beyond her suggested limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 100gm , 3 tubes w/ 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel has not been evaluated for treatment involving the spine, hip, and/or shoulder pain issues, the applicant's primary pain generator is, in fact, the right shoulder, a body part for which Voltaren gel has not been evaluated. It is further noted that the applicant's ongoing usage of several other first-line oral pharmaceuticals, including Tylenol, Elavil, Motrin, etc., effectively obviates the need for the proposed Voltaren gel. Therefore, the request is not medically necessary.

Outpatient bone scan of multiple areas to include neck, upper back, shoulder, chest wall and upper extremity.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209 does score bone scanning 3/4 in its ability to identify and define suspected infections and 4/4 in its ability to identify and define suspected tumors, in this case, however, the applicant has a known, established diagnosis of rotator cuff tendonosis and partial-thickness rotator cuff tear. ACOEM Chapter 9, Table 9-5 goes on to score bone scanning as 0/4 in its ability to identify and define suspected rotator cuff tears and 0/4 in its ability to identify and define suspected impingement syndrome. It is unclear why bone scanning is being sought, given the unfavorable ACOEM position on the same in the clinical context present here. Therefore, the request is not medically necessary.