

Case Number:	CM15-0111471		
Date Assigned:	06/17/2015	Date of Injury:	04/02/2011
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: Pennsylvania, Ohio, 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 to her left arm/shoulder on 04/02/2011 as a housekeeper. The injured worker was diagnosed with shoulder arthralgia, shoulder bursitis, impingement and left trapeziometacarpal arthritis. The injured worker underwent arthroscopy of the left shoulder with extensive glenohumeral joint debridement, subacromial bursectomy and decompression in September 2011 and a left thumb metacarpal trapezoid joint arthroplasty on October 16, 2014. Treatment to date has included diagnostic testing, steroid injections to the shoulder and left thumb, surgery, multiple sessions of pre and post-operative physical therapy, acupuncture therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, thumb spica splint and medications. According to the treating physician's progress report on May 8, 2015, the injured worker continues to experience left shoulder and wrist pain. The injured worker rates her pain level at 6/10. Examination of the left shoulder demonstrated tenderness to palpation over the deltoid, subacromion and trapezius muscles with decreased range of motion and mild impingement signs. On April 30, 2015, the injured worker was evaluation for her left hand. According to the medical documentation, the injured worker had 24 sessions of occupational therapy with additional therapy requested. Current medications are listed as Tramadol and Voltaren gel. Treatment plan consists of left shoulder subacromial cortisone injection; continue home exercise program and the current request for Voltaren Gel with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% per 100g tube, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, these guidelines specifically state that topical Voltaren has not been evaluated for treatment of the shoulder, which is the symptomatic area in this case. Therefore, this request is not medically necessary.