

Case Number:	CM15-0111685		
Date Assigned:	06/18/2015	Date of Injury:	06/24/2006
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 an industrial injury on 6/24/06. The injured worker was diagnosed as having status post left shoulder arthroscopic revision rotator cuff repair and status post left shoulder arthroscopic revision acromioplasty. Currently, the injured worker was with complaints of left shoulder discomfort. Previous treatments included status post left shoulder surgery, left shoulder sling and medication management. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container of Voltaren gel 1% 100 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: CA MTUS states that Voltaren gel is indicated in the treatment of small joint arthritis. It has not been evaluated for treatment of spine, hip and shoulder arthritis. In this case, the patient complains of chronic shoulder pain. There is not a diagnosis of small joint arthritis, therefore the request is not medically necessary or appropriate.

