

Case Number:	CM15-0111926		
Date Assigned:	06/18/2015	Date of Injury:	04/29/2009
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 62 year old male, who sustained an industrial injury on 4/29/09. He reported initial complaints of right shoulder and right knee. The injured worker was diagnosed as having osteoarthritis of the right knee, lateral compartment, severe; status post menisectomy syndrome from previous lateral menisectomy right knee; anterior glenoid labrum lesion: post operative right shoulder; rupture of bicipital tendon: post operative right shoulder; chronic bicipital tendinitis with degenerative tear long head of the biceps tendon/SLAP lesion; rotator cuff tendonitis impingement syndrome Treatment to date has included status post right knee surgery (1997); status post shoulder surgery (8/2014); physical therapy; medications. Diagnostics included MRI right shoulder without contrast (2/16/15). Currently, the PR-2 notes dated 5/11/15 indicated the injured worker was in the office for a postoperative follow-up of the right shoulder and right knee pain. The injured worker reports increasing pain in the right knee. His right shoulder has also continued to be painful and is scheduled for a right shoulder arthroscopic surgery in June 2015. He has recurrent pain in both the right shoulder and right knee. He has underlying osteoarthritis of the right shoulder joint and it was recommended he have a cortisone injections and physical therapy but this was not authorized. It was also recommended that if the conservative treatment failed, he may consider an eventual total shoulder replacement. That provider was not authorized to treat the injured worker. The injured worker has been told he has significant arthritis in the shoulder joint, but also has a rotator cuff tear, AC joint arthritis and biceps tendinitis, possible biceps tear with chronic tendinitis. It was recommended by the surgeon that he has had arthroscopic intervention with rotator cuff repair,

possible biceps tenodesis and Mumford distal clavicle resection. He may at some point have to have shoulder replacement. He complains of pain mostly over the subacromial bursa with impingement symptoms and pain over the biceps tendon. He does not complain of shoulder instability. He did have an arthroscopic right shoulder surgery 8/8/2014 with findings of a great deal of osteoarthritis in the glenohumeral joint and still has significant glenohumeral joint pain. He is still going to physical therapy. His right knee follow-up to date is for the industrial injury. He did undergo a right knee arthroscopy for a lateral meniscus tear and an open arthrotomy in 1997. He has had intermittent pain in the knee since and recently significantly worse with swelling and pain. On physical examination of the right knee, he has a grade I effusion with localized swelling; patella demonstrates crepitus; medial aspect was tender on palpation - more medial than lateral with pain mostly over the medial femoral condyle and femoral portion of the MCL. The lateral aspect was tender on palpation. He has no weakness of the right knee but has a right-sided antalgic gait - waddling gait. His deep tendon reflexes were normal. The provider has requested authorization of Voltaren gel 100mg #3 tubes with 3 refills (apply 3-4 times a day to knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm, #3 tubes with 3 refills (apply 3-4 times a day to knee): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69.

Decision rationale: The requested Voltaren gel 100gm, #3 tubes with 3 refills (apply 3-4 times a day to knee), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has undergone a right knee arthroscopy for a lateral meniscus tear and an open arthrotomy in 1997. He has had intermittent pain in the knee since and recently significantly worse with swelling and pain. On physical examination of the right knee, he has a grade I effusion with localized swelling; patella demonstrates crepitus; medial aspect was tender on palpation - more medial than lateral with pain mostly over the medial femoral condyle and femoral portion of the MCL. The lateral aspect was tender on palpation. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 100gm, #3 tubes with 3 refills (apply 3-4 times a day to knee) is not medically necessary.