

Case Number:	CM15-0114788		
Date Assigned:	06/23/2015	Date of Injury:	01/22/2014
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old female, who sustained an industrial injury on 1/22/2014. Diagnoses include right flexor hallucis longus tendonitis. Treatment to date has included orthoses, physical therapy, modified work and topical medications. Per the Treatment Authorization Request dated 5/20/2015, the injured worker reported frustration with the lack of progress with her flexor hallucis longus tendonitis. She reported that orthotics help her get through the day. Physical examination revealed plantar arch in the area of the flexor digitorum longus tendon was still tender. She had some tenderness in the medial band of the plantar fascia and walked with a slight antalgic gait pattern. The plan of care included topical medications and therapy authorization was requested on 5/20/2015 for Voltaren gel 100g tube and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel quantity 100g tube: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

Decision rationale: Voltaren gel quantity 100g tube is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The ODG states that topical Voltaren is not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with Diclofenac. The documentation is not clear on why the patient is not able to take oral NSAIDs or the failure of oral NSAIDs therefore this request is not medically necessary.

Physical Therapy, three times a week for four weeks: 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 Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy, three times a week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior PT. Furthermore, the request does not specify a body part for the PT. Without clarification of this information, the request for physical therapy is not medically necessary.