

Case Number:	CM15-0078009		
Date Assigned:	04/29/2015	Date of Injury:	09/15/2014
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 51 year old female who sustained an industrial injury on 9/15/14. The injured worker reported symptoms in the neck and shoulders. The injured worker was diagnosed as having repetitive strain injury, thoracic myofascial strain and cervical strain. Treatments to date have included topical cream, physical therapy, home exercise program, and activity modification. Currently, the injured worker complains of neck and shoulder discomfort. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This injured worker receives treatment for chronic pain involving the neck and shoulders. This dates back to a work-related injury on 09/14/2014. The medical diagnoses include repetitive strain, thoracic strain, and neck strain. This request addresses a request for Voltaren gel 1%. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. Voltaren is an NSAID. This particular NSAID may be indicated for the short-term relief of osteoarthritis involving ankle, elbow, foot, or hand. Prolonged use is associated with dermatitis. Based on the documentation, Voltaren gel is not medically indicated.

Physical Therapy 1-2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This injured worker receives treatment for chronic pain involving the neck and shoulders. This dates back to a work-related injury on 09/14/2014. The medical diagnoses include repetitive strain, thoracic strain, and neck strain. This request addresses a request for an additional 6 to 12 sessions of PT. The documentation provided shows that the patient already received 12 PT sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically indicated.