Case Number:	CM17-0011517		
Date Assigned:	01/20/2017	**Date of Injury:**	10/22/2016
Decision Date:	02/13/2017	**UR Denial Date:**	01/13/2017
Priority:	Standard	**Application Received:**	01/17/2017

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: 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 32 year old male who sustained an industrial injury on 10-22-16. The injured worker was diagnosed as having shoulder pain right' right arm numbness; impingement syndrome right shoulder; right arm numbness; degenerative tear of glenoid labrum right shoulder. Treatment to date has included physical therapy; medications. Diagnostic studies included: MRI right shoulder (11-19-16). Currently, the PR-2 notes dated 1-5-17 indicated the injured worker presented with complaints of right shoulder pain. The injured worker reports the mechanism of injury to the right shoulder on 10-22-16 was from repetitive activities for 2 weeks; described as dull, aching, and constant and moderate pain. Occurs with repetitive activity, overhead lifting, with sleeping on the shoulder and elevation of the arm. Paresthesias are noted in the right hand and improves with ice, rest, NSAIDS. The provider administered a right shoulder subacromial injection one month ago and is taking NSAIDS; gone to physical therapy 4 visits. An EMG has been denied. The injured worker reports the right arm numbness to the hand from the shoulder was better for several days after the injection and has now returned. The injured worker is in the office for a re-evaluation. Current medications include Diclofenac, Gabapentin, and Tramadol. On physical examination, the provider notes "Right shoulder with no significant swelling, but tenderness over the subacromial area, AC joint. Biceps tendon test: negative Speed's test, tenderness at the bicipital groove. Rotator cuff tests: tenderness at the subacromial bursa, positive Neer's impingement test, positive Hawkin's impingement test, positive supraspinatus test and tenderness at the greater tuberosity. Negative O'Brien's, AC joint tenderness with forward flexion range of motion 110 degrees, passively 160 degrees. Range of

motion abduction 100 degrees, external rotation 40 degrees, and passive forward flexion 160 degrees. Cervical spine full pain free range of motion with no tenderness. Grip strength notes 5 of 5. X-rays take in office on 12-5-16 show no bony or soft tissue abnormalities, type II acromion, normal glenohumeral joint relationship." The treatment plan includes continued physical therapy for the right shoulder; continue Voltaren 75mg #60 with 3 refills. The provider notes the injured worker has right shoulder pain, impingement syndrome with posterior labral tear; failing treatment and will likely need surgery if not better. MRI right shoulder was done on 11-19-16 showed "thickening and increased signal within the rotator cuff consistent with at least partial tear most prominent along its bursal surface with a large intrasubstance type component. Torn glenoid labrum most prominent posterior and inferiorly where there is a paralabral cyst and an adjacent subcortical cyst within the bony glenoid. Moderate hypertrophic changes at the acromioclavicular joint; joint effusion and fluid in the subacromial-subdeltoid bursa." PR-2 notes dated 10-26-16 indicated the injured worker complained of right shoulder pain and was prescribed Diclofenac 75mg and a referral to physical therapy for evaluation and treatment. A Request for Authorization is dated 1-17-17. A Utilization Review letter is dated 1-13-17 and non-certification for Eight (8) physical therapy sessions. Utilization Review modified the certification for Voltaren 75mg #60 with 3 refills allowing Voltaren 75mg #60 and denying the remaining three (3) refills. A request for authorization has been received for Eight (8) physical therapy sessions and Voltaren 75mg #60 with three (3) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Recommended as indicated below. Physical medicine encompasses interventions that are within the scope of various practitioners (including Physical Therapy, Occupational Therapy, Chiropractic, and MD/DO). Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) is not indicated for addressing chronic pain in most instances; refer to the specific modality within these guidelines (e.g., massage, ultrasound) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Refer to the specific intervention within these guidelines (e.g., exercise.) This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen,

2006). Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 26 visits over 16 weeks Arthritis (ICD9 715): 9 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has completed a partial course of physical therapy already. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

Voltaren 75mg #60 with 3 refills was the original request. Voltaren 75mg #60 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Three refills of Voltaren 75mg #60 is: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The 2016 California MTUS states: Non-steroidal anti-inflammatory agents (NSAIDs): Recommended for the following indications: Acute pain: Recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. They are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. There appears to be little difference in analgesic efficacy between topical diclofenac, ibuprofen, ketoprofen and piroxicam, but indomethacin is less effective, and benzydamine is no better than placebo. The number needed to treat for clinical success, defined as 50% pain relief, for all topical NSAIDs combined vs. placebo was 4.5 (95% confidence interval [CI], 3.9 - 5.3) for treatment periods of 6 to 14 days. Current studies indicate 6 or 7 out of 10 patients have effective pain control with topical agents vs. 4 out of 10 with placebo. The reason for the high placebo rate is that most sprain/strain injuries improve on their own. (Massey, 2010) (Mason, 2004). Osteoarthritis and tendinitis, in particular, that of the knee, elbow, and hand or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). Osteoarthritis of the hip and shoulder: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the hip or

shoulder. Osteoarthritis of the low back: There is no evidence to recommend a NSAID dosage form other than an oral formulation for low back pain. The patient has complaints of shoulder pain but not arthritis/tendonitis. The injury is not acute sprain or strain either. It is also not recommended for use on the shoulder. Therefore the request is not medically necessary.