

Case Number:	CM13-0019649		
Date Assigned:	11/22/2013	Date of Injury:	06/01/2008
Decision Date:	01/31/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 45-year-old woman who sustained a work related injury on 6/1/08. She developed multiple injuries and received orthopedic, psychiatric and physical therapy care. On 7/18/12, the employee underwent an arthroscopy of left shoulder subacromial decompression and Mumford procedure. A follow-up arthrogram of the left shoulder on 3/7/13 revealed a small tear of the anterior labrum. According to the note dated 9/9/13, the employee was complaining of lower back pain rated 5 out of 10 irradiating to both legs as well as left knee pain. She was diagnosed with cervical/lumbar sprain, cervical/lumbar radiculopathy and status post shoulder arthroscopy. The employee received neurontin, Norco, anaprox, venlafaxine, trazodone, meclizine, and Linzess. The employee continued to complain of left shoulder pain with limitation of movement and low back pain. The provider requested authorization for left shoulder subacromial suprascapular nerve block injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder subacromial suprascapular nerve block injection under ultrasound guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 213.

Decision rationale: According to the guidelines, 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. The guidelines also support the use of diagnostic lidocaine injections to distinguish pain sources in the shoulder area. There is no specific recommendation to use ultrasound or use of fluoroscopy. In this case, there is a lack of documentation confirming failure of adequate trials of conservative therapies. Furthermore, it is not clear that the requested injection has been proposed as part of an exercise rehabilitation program. Nor is there evidence that the injection has been recommended for diagnostic purposes. Therefore, the requested left shoulder subacromial supraspinatus nerve block injection under ultrasound guidance is not medically necessary and appropriate.