

<b>Case Number:</b>	CM13-0029191		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Anesthesiologist, has a subspecialty in Pain 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 patient is a 49 year old female who sustained a work related injury on 09/27/2011. The patient's diagnoses include thoracic outlet syndrome and status post carpal tunnel release. Subjectively, the patient reported ongoing pain of the bilateral shoulders with associated numbness in the upper arms and small fingers bilaterally. Objective findings revealed positive Roos and costoclavicular tests bilaterally. The treatment plan indicated that the patient had had a prior interscalene injection of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interscalene Block for the left wrist:** 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) Shoulder Chapter, Regional anesthesia (for shoulder surgeries).

**Decision rationale:** Official Disability Guidelines state that the "use of regional anesthesia in the form of interscalene block is the most commonly used block for shoulder surgery, and have been shown to be an effective option for regional anesthesia in shoulder surgery". The clinical

information submitted for review documented physical examination findings suggestive of thoracic outlet syndrome. However, guidelines do not support the use of interscalene blocks other than shoulder surgery. As such, the request for interscalene block for the left wrist is non-certified.