

Case Number:	CM13-0046309		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2011
Decision Date:	03/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 49-year-old female with a reported date of injury of 9/26/11. It appears, based on the medical records reviewed, that the claimant has undergone a previous carpal tunnel release at the left wrist. She was subsequently diagnosed with bilateral shoulder pain, left greater than right, with questionable thoracic outlet syndrome. This case has been reviewed the requested procedure was denied. This apparently was based on lack of documentation of possible prior interscalene block and response to such block. There was also no notification of lack of documentation of response to conservative treatment with physical therapy. Upon further review of the medical records provided, there are medical office notes from [REDACTED], an orthopedic surgeon. It appears that the most recent clinical note is dated 12/10/13. There is mention in that note of a prior interscalene block to the left shoulder. The note also stated that there was a "good response." There is no documentation in that note as to percentage of improvement or change in clinical findings from the previous interscalene block. There are medical records provided for occupational therapy and physical therapy for this claimant. It appears that, based on the records provided, the most recent physical therapy and occupational therapy note was dated August 2013. It appears that essentially all physical therapy notes are focused on the carpal tunnel surgery. There is very little mention, if any, of conservative management for the bilateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interscalene block left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Anterior Scalene Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: Based on lack of documentation with regard to physical therapy and conservative measures for the shoulder pain, the request for an interscalene block cannot be deemed medically necessary based on current guidelines. Clinical documentation in terms of percentage of improvement as well as duration of symptom improvement from a previous interscalene block would be beneficial. It would also be beneficial to have documentation of any type of physical therapy or occupational therapy focused on the shoulder symptomatology. California ACOEM guidelines offer invasive techniques have limited proven value. Official Disability Guidelines indicate use of interscalene blocks if response to exercise is protracted.