

<b>Case Number:</b>	CM14-0006706		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 63 year old with an injury date on 10/21/10. Based on the 12/31/13 progress report provided by [REDACTED] the diagnoses are disorders of bursae and tendons in shoulder region unspecified, pain in joint involving shoulder region, myalgia and myositis unspecified, opioid type dependence continuous use and chronic pain syndrome. An exam of the shoulder on 12/31/13 showed "left shoulder surgical scar well healed. Palpation of AC joint, bicipital tendon is tender; range of motion of left shoulder is 50% in all directions. There is no erythema or swelling." [REDACTED] is requesting left suprascapular nerve block. The utilization review determination being challenged is dated 1/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/27/13 to 12/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SUPRASCAPULAR NERVE BLOCK:** Overturned

**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) Guidelines, Suprascapular Nerve Blocks.

**Decision rationale:** This patient presents with localized shoulder joint and left-sided neck pain rated 4/10 and is s/p shoulder surgery from 3/5/13 for left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, and arthroscopic revision subacromial decompression. The provider has asked left suprascapular nerve block on 12/31/13 "to prepare for better productive PT and faster recovery and rehab, as patient is 8 months post-op and plateaued with limited range of motion due to pain." On 12/31/13 report, patient has failed conservative postoperative treatment measures including physical therapy, massage, medications. ODG guidelines support suprascapular nerve injections stating, "Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections." Therefore the request is medically necessary.