

Case Number:	CM14-0012440		
Date Assigned:	02/21/2014	Date of Injury:	01/26/2013
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 31-year-old female who has submitted a claim for rotator cuff sprain and sprains and strains of unspecified site of shoulder and upper arm associated with an industrial injury date of January 26, 2013. The medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder and arm pain. According to a progress report on October 23, 2013, there is severe left shoulder pain and pins and needles sensation radiating to the neck. This causes a severe left-sided headache and can occur multiple times per week. Physical examination of the left shoulder and arm showed tenderness with distal radiation of pain on deep palpation; limitation of motion, most significantly on internal rotation end range of motion; marked pain with rotator cuff testing; and decreased biceps muscle strength. Electrodiagnostic studies performed on October 22, 2013, showed normal results. The diagnoses were pain in limb; pain on joint of upper arm; myalgia and myositis not otherwise specified; and chronic pain syndrome. Treatment plan includes a request for suprascapular injections. Treatment to date has included oral and topical analgesics and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPRACAPSULAR INJECTIONS X3: 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, Nerve blocks.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the ODG was used instead. According to the ODG, 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. In this case, there was no objective evidence of failure and exhaustion of other guideline-supported conservative treatments to improve pain. There was no compelling rationale to warrant nerve blocks at this point of time. The medical necessity has not been established. Therefore, the request for supracapsular injections x3 is not medically necessary.