

<b>Case Number:</b>	CM14-0013536		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Neurological Surgery 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 records presented for review indicate that this patient was injured on December 08, 2009. The January progress note indicated a full range of motion of the bilateral knees. There is some minor discomfort distal to the patella. The prior surgical history is significant for four prior surgical interventions and a shoulder surgery in May 2010. The clinical assessment noted an arthroscopic synovectomy and a loss of the medial meniscus. A patellar tendinopathy is also reported. There is "occasional minor discomfort" of the right knee. The December progress note indicated the diagnosis as a right knee postsurgical situation. A previous assessment noted a possible brachial plexus injury. There are no electrodiagnostic studies presented to support such a diagnosis. A rotator cuff tear was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 STELLATE GANGLION BLOCK PER YR FOR 2-3 YRS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 103.

**Decision rationale:** As outlined by the Chronic Pain Medical Treatment Guidelines, the use of such blocks is recommended for a diagnosis of chronic regional pain syndrome. The progress note presented for review indicate this lady is status post synovectomy, with residual right knee pain and has a full range of motion. A shoulder surgery to address a rotator cuff repair is noted. There is absolutely no clinical indication for a three-year treatment plan when noting there is no objectified efficacy after a single injection. As such, there is insufficient clinical information presented to support this request. Therefore, the request for 3 stellate ganglion block per yr for 2-3 yrs is not medically necessary and appropriate.

**PHYSICAL THERAPY (12-18 SESSIONS PER YEAR) TIMES 2-3 YEARS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** When noting the date of injury, the most recent physical examination presented for review, the surgery completed was a synovectomy, the postoperative parameters and physical therapy, the amount of therapy is limited to twelve visits over twelve weeks. This standard has been met. There is no clinical indication why anything other than a home exercise protocol would be necessary given the current range of motion. Therefore, the request is not medically necessary and appropriate.

**COGNITIVE BEHAVIORAL THERAPY (12 SESSIONS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 25.

**Decision rationale:** The records reflect a trial of cognitive behavioral therapy has been completed. The efficacy of such an intervention is not objectified. Therefore, there is insufficient clinical data presented to support continued intervention under the Chronic Pain Medical Treatment Guidelines. Therefore, the request for physical therapy (12-18 sessions per year) times 2-3 years is not medically necessary and appropriate.

**NEUROLOGIST 2-3 TIMES A YEAR FOR THE LEFT SHOULDER AND ARM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); chapter 7, page 127

**Decision rationale:** When reviewing the progress notes provided for review, there is no specific data to suggest the need of a neurology consultation. Therefore, the request for neurologist 2-3 times a year for the left shoulder and arm is not medically necessary and appropriate.