

Case Number:	CM14-0169214		
Date Assigned:	10/17/2014	Date of Injury:	10/11/2007
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44 year old male with a 10/11/07 injury date. In a tactical training operation, his right arm was forcefully pulled and twisted behind his back. He has had multiple right shoulder surgeries related to dealing with a torn labrum and cartilage wear. He was recently approved for a suprascapular nerve block in order to deal with ongoing shoulder pain. In an 8/26/14 follow-up, subjective complaints included right shoulder pain with radiation to the neck with headaches, right shoulder stiffness, and increasing pain with lifting and reaching. Objective findings included tenderness at the periscapular, acromioclavicular, and bicipital areas. There was a positive impingement sign, drop arm test, and cross arm test. Range of motion is reduced but strength and sensation are intact. The surgical provider indicated that the patient is too young to consider total shoulder replacement at this time. A right suprascapular nerve block was recommended and, if after 2 blocks there is a reduction in pain, the patient would then undergo radiofrequency neurotomy. Diagnostic impression: right shoulder osteoarthritis. Treatment to date: right shoulder labral repair (2008), right shoulder hemiarthroplasty (2009), medications, hyaluronic acid injections, platelet rich plasma injections, right shoulder arthroscopy and debridement (2013), physical therapy. A UR decision on 9/29/14 denied the request for radiofrequency neurotomy on the basis that a suprascapular nerve block was already approved and it is not recommended to do the two procedures simultaneously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy: 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 Procedure Summary updated 08/27/2014, regarding radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. However, in this case it remains to be seen if the planned suprascapular nerve blocks will be effective in reducing pain. If there is significant pain reduction from the approved nerve blocks, then consideration can be given to radiofrequency neurotomy, which has been shown to provide longer-term relief. Therefore, the request for radiofrequency neurotomy is not medically necessary.