

Case Number:	CM14-0055648		
Date Assigned:	07/09/2014	Date of Injury:	06/01/2008
Decision Date:	08/07/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Orthopedic 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 45-year-old female sustained an industrial injury on 6/1/08, relative to a trip and fall. She underwent left shoulder arthroscopic subacromial decompression and Mumford on 7/18/12. The 3/7/13 left shoulder MR arthrogram documented a small anterior labral tear, post-operative changes, tiny full thickness supraspinatus tear, and rotator cuff tendinosis. The 1/7/14 treating physician report suggested on-going left shoulder pain. The patient had difficulty undressing for the exam. Left shoulder physical exam findings documented tenderness to palpation over the subacromial space, acromioclavicular joint, supraspinatus tendon, posterior musculature, and periscapular region. Impingement and cross arm tests were positive. Left shoulder range of motion testing documented flexion 110, extension 40, abduction 70, adduction 23, and internal rotation 40 degrees, with pain in all motions. There was diffuse left upper extremity weakness, symmetrical deep tendon reflexes, and generally decreased left upper extremity sensation. An ultrasound-guided cortisone injection was administered which provided only temporary relief. The 3/10/14 treating physician report indicated the patient had continued left shoulder pain. The 4/1/14 utilization review denied the request for left shoulder subacromial nerve block as there was no evidence of recent less invasive treatment, such as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SUBACROMIAL NERVE BLOCK UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): TABLE 9-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Nerve blocks.

Decision rationale: The California MTUS does not provide guidance for nerve blocks. The Official Disability Guidelines recommend suprascapular nerve blocks for the treatment of shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of motion at the shoulder. 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. Guideline criteria have not been met. In this case, there is no current imaging evidence that the patient has shoulder degenerative joint disease. There is no documentation that physical therapy has been tried and has failed to restore range of motion. Therefore, the request for left shoulder subacromial nerve block under ultrasound guidance is not medically necessary and appropriate.