

<b>Case Number:</b>	CM15-0010779		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 43 year old female who sustained an industrial related injury on 10/10/11. The injured worker had complaints of right upper extremity ulnar nerve distribution numbness. Medication included Cymbalta. Physical examination findings included hypersensitivity and a positive Tinel's sign over the cubital tunnel of the right elbow with decreased sensation to light touch in the ulnar nerve distribution. Tenderness was noted over the thoracic outlet. Full range of motion was noted at the elbow, wrist, and digits. Tenderness over the lateral epicondyle of the right elbow and pain with resisted wrist extension was noted. The diagnosis was possible lateral epicondylitis of the right elbow. Treatment included physical therapy. The treating physician requested authorization for physical therapy 3x6 for the right shoulder, a scalene block, and ultrasound guided trigger point injections to the right shoulder. On 1/2/15 the requests were modified or non-certified. Regarding physical therapy, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and modified the request to certify physical therapy 3x4. The UR physician noted any further treatment in the case would well exceed the recommendations of the MTUS guidelines. Regarding the scalene block, the UR physician noted the request is non-certified and noted the preferred treatment was physical therapy. Regarding trigger point injections, the UR physician cited the MTUS guidelines and noted there was no documentation of specific trigger points. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder, 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Section Physical Medicine.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks As the requested physical therapy exceeds the recommendation, the determination is for non-certification.

**Scalene Block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.medicinenet.com/nerve\\_blocks/article.htm](http://www.medicinenet.com/nerve_blocks/article.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section Anesthetic via a Pain Pump.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder pain pumps. Per the Official Disability Guidelines, Online edition, Shoulder Chapter, regarding postoperative pain pumps, Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. In addition there is concern regarding chondrolysis in the peer reviewed literature with pain pumps in the shoulder postoperatively. As the guidelines and peer reviewed literature does not recommend pain pumps, the determination is for non-certification. 1.)Ciccone WJ 2nd, Busey TD, Weinstein DM, Walden DL, Elias JJ. Assessment of pain relief provided by interscalene regional block and infusion pump after arthroscopic shoulder surgery. Arthroscopy. 2008 Jan;24(1):14-9. 2.)ODG Online edition, 2014. 3.)Matsen FA 3rd, Papadonikolakis A. Published evidence demonstrating the causation of glenohumeral chondrolysis by postoperative infusion of local anesthetic via a pain pump. J Bone Joint Surg Am. 2013 Jun 19;95(12):1126-34.

**U/S guided TPI's to the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 129.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines Section Trigger Point Injections.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 01/02/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification.