

<b>Case Number:</b>	CM15-0141237		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old female who sustained an industrial injury on 03-13-14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, and right shoulder arthroscopy on 07-22-14. Diagnostic studies include a MRI of the right upper extremity on 05-14-14. Current complaints included right shoulder pain. Current diagnoses were not addressed. In a progress note dated 06-26-14 the treating provider reports the plan of care as a right shoulder arthroscopy, spinal glenoid notch-para-labral cyst decompression, labral repair, subacromial decompression with extensive debridement. The requested treatment is a retroactive request for an ultrasound guided right shoulder nerve block injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ultrasound Guidance for Right Shoulder Nerve Block Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Online Version), Nerve Blocks; Ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Singh, A. Kelly, C. O'Brien, T. Wilson, J. Warner, J.

Ultrasound-Guided Interscalene Block Anesthesia for Shoulder Arthroscopy J Bone Joint Surg Am, 2012 Nov 21; 94 (22): 2040-2046.

**Decision rationale:** The claimant sustained a work injury in March 2014 and underwent right shoulder arthroscopy in July 2014 with a subacromial decompression and labral repair. The procedure was done with general anesthesia and a block was performed with ultrasound guidance. Use of an ultrasound-guided interscalene block by a trained anesthesiologist has been shown to provide a high rate of patient satisfaction and low rate of adverse events. The ultrasound guidance used for the procedure was medically necessary.