

<b>Case Number:</b>	CM15-0165094		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 2-6-98. The injured worker is undergoing treatment for recurrent left ulnar neuropathy, status post previous left ulnar nerve transposition and calcification of left shoulder. Medical records dated 7-3-15 indicate the injured worker "reports previous cortisone injection helped for several weeks in his left elbow but pain has returned and is worsening." Physical exam notes tenderness to palpation over the left ulnar nerve of the elbow with positive Tinel's sign and tenderness over the left shoulder. Treatment to date has included nerve conduction study of left upper extremity, Voltaren, Prilosec, Mentherm gel and Tramadol. The original utilization review dated 8-7-15 indicates the request for retrospective nerve block, left shoulder, ultrasonic guided needle (DOS: 7-9-2015) is non-certified noting the administrating physician stated they did not do a nerve block all he did was a subacromial injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective nerve block, left shoulder, ultrasonic guided needle (DOS: 7/9/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The requested service is not supported by the ACOEM and therefore the request is not medically necessary.