

Case Number:	CM15-0166983		
Date Assigned:	09/01/2015	Date of Injury:	06/20/2014
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 54 year old female sustained an industrial injury to the right shoulder on 6-20-14. The injured worker underwent right shoulder rotator cuff repair with decompression and debridement on 12-2-14. A physical therapy progress note dated 7-9-15 indicated that the injured worker had received 39 physical therapy visits. The injured worker complained of pain 7 to 8 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. The physical therapy noted that the injured worker was working very hard on her home exercise program and still had functional limitations with all right shoulder activities. In a progress note dated 7-23-15, the physician noted that the injured worker was not improving with moderate pain, mild stiffness and mild weakness. The injured worker was recovering at home, had been performing exercises at home and was taking pain medications. The injured worker had received a stellate ganglion block on June 17 with 8 subsequent physical therapy sessions. The physician stated that her hand pain and motion improved but she was still struggling with right shoulder stiffness and now had left shoulder pain as well. Physical exam was remarkable for right shoulder with clean portal sites and decreased range of motion, right hand without tenderness to palpation and decreased range of motion and left shoulder without tenderness to palpation, full range of motion and full strength. Current diagnoses included status post arthroscopy with rotator cuff repair, postoperative stiffness, right shoulder and right hand and complex regional pain syndrome. The treatment plan included requesting authorization for two more stellate ganglion blocks and an additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional sessions of physical therapy for treatment of shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work injury in June 2014 and underwent a right shoulder arthroscopic rotator cuff repair with decompression and labral and biceps tendon debridement in December 2014. As of 07/09/15, she had completed 39 postoperative treatments. In April 2015, she had been seen by a hand specialist and diagnosed with shoulder- hand syndrome and a series of three stellate ganglion blocks had been recommended. Physical examination findings included decreased range of motion with hypersensitivity. She underwent a cervical sympathetic block on 06/17/15 with completion of an additional eight physical therapy treatment sessions. When requested on 07/23/15 she reported improved hand pain and motion. Physical examination findings now also included mild hair overgrowth over the right lateral shoulder. Authorization for an additional eight physical therapy treatments and two additional sympathetic blocks were requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

2 Stellate ganglion blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Sympathetic and Epidural Blocks.

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

Decision rationale: The claimant sustained a work injury in June 2014 and underwent a right shoulder arthroscopic rotator cuff repair with decompression and labral and biceps tendon debridement in December 2014. As of 07/09/15, she had completed 39 postoperative treatments. In April 2015, she had been seen by a hand specialist and diagnosed with shoulder- hand

syndrome and a series of three stellate ganglion blocks had been recommended. Physical examination findings included decreased range of motion with hypersensitivity. She underwent a cervical sympathetic block on 06/17/15 with completion of an additional eight physical therapy treatment sessions. When requested on 07/23/15 she reported improved hand pain and motion. Physical examination findings now also included mild hair overgrowth over the right lateral shoulder. Authorization for an additional eight physical therapy treatments and two additional sympathetic blocks were requested. Criteria for a cervical sympathetic (stellate ganglion) block include that there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. In this case, the documentation submitted does not confirm that the criteria for a diagnosis of CRPS are fulfilled. Her response to the injection performed in June 2015 is not adequately documented in terms of fulfilling the criteria for a successful injection. The requested additional injections are not medically necessary.