

<b>Case Number:</b>	CM15-0084298		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Internal Medicine

### 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 36 year old female who sustained a work related injury March 7, 2013. While performing her usual work, she developed a headache with radiating pain to the left shoulder and dizziness. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented with persistent left upper extremity pain, rated 7-8/10, and occasional numbness to the level of the first and second fingers, of the left hand. A toxicology report from February 2015, was compatible with prescribed medication. An MRI of the cervical spine and left shoulder was performed March 2, 2015. Diagnoses are cervical sprain/strain with minimal anterior bulging disc at C5-6; cervical facet arthropathy, C2 to C6 more on the left side; cephalgia possible cervicogenic; left shoulder strain, subacromial-subdeltoid bursitis and distal supraspinatus tendonitis; anxiety/depression syndrome with stress, work-related. Treatment plan included medication and request for authorization for physical therapy and left shoulder subacromial and subscapular block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial and subscapular block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Suprascapular nerve block, Nerve blocks, Steroid injections.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder complaints. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that 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. Prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that suprascapular nerve block may provide only a short-term relief. The primary treating physician's progress report (PR-2) dated 3/31/15 documented that the magnetic resonance imaging MRI of the left shoulder 3/2/15 showed a small amount of fluid in the subacromial-subdeltoid bursa compatible with mild bursitis, mildly increased signal of the distal supraspinatus tendon, compatible with mild supraspinatus tendinosis. No evidence of rotator cuff tear. The infraspinatus tendon, biceps tendon and subscapularis tendon are unremarkable. There is slight lateral down sloping of the acromion, abutting on the superior aspect of the supraspinatus tendon. The bony glenoid process and glenoid labra are unremarkable. No evidence of acute osteochondral fracture or loose body, small amount of shoulder joint effusion. A few subcortical cysts are noted in the humeral head, probably secondary to physiologic internal impingement. Physical examination demonstrated that the Neer test is negative. Left shoulder forward flexion is at 160/180, extension is 40/50, adduction is 50/50, abduction is 160/180, internal rotation is 80/90, external rotation is 70/90. Tinel's sign is negative at the wrist and elbow bilaterally, with normal grip. Muscle strength is 5/5 in the upper extremities. The patient is recommended to have a left shoulder subacromial and suprascapular block. Request for authorization (RFA) dated 4/10/15 documented that the requested procedure was a left shoulder subacromial and subscapular block. The utilization review determination letter dated 4/17/15 documented that the requested service was a left shoulder subacromial and subscapular block. MRI of the left shoulder demonstrated abnormal findings that were reported as mild. The 3/31/15 progress report documented a negative impingement test. Range of motion of the left shoulder was essentially normal. The MRI and physical examination were relatively unremarkable, and do not establish the medical necessity of a shoulder block. The primary treating physician's progress report (PR-2) dated 3/31/15 documented that patient is recommended to have a supra-scapular block. Request for authorization (RFA) dated 4/10/15 documented that the requested procedure was a sub-scapular block. There is a discrepancy between the PR-2 and RFA regarding supra- versus sub-scapular. The PR-2 notes supra-scapular. The RFA notes sub-scapular. Because of the PR-2/RFA discrepancy regarding the requested procedure, the request for a left shoulder subacromial and subscapular block cannot be

endorsed. Therefore, the request for left shoulder subacromial and subscapular block is not medically necessary.

**Physical therapy 3 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. ODG Shoulder (Acute & Chronic) Physical therapy. ODG Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) recommends 10 physical therapy visits for sprained shoulder and neck sprains and strains. The primary treating physician's progress report (PR-2) dated 3/31/15 documented that the magnetic resonance imaging MRI of the left shoulder 3/2/15 showed a small amount of fluid in the subacromial-subdeltoid bursa compatible with mild bursitis, mildly increased signal of the distal supraspinatus tendon, compatible with mild supraspinatus tendinosis. No evidence of rotator cuff tear. The infraspinatus tendon, biceps tendon and subscapularis tendon are unremarkable. There is slight lateral down sloping of the acromion, abutting on the superior aspect of the supraspinatus tendon. The bony glenoid process and glenoid labra are unremarkable. No evidence of acute osteochondral fracture or loose body, small amount of shoulder joint effusion. A few subcortical cysts are noted in the humeral head, probably secondary to physiologic internal impingement. Cervical spine MRI demonstrated no significant disc or uncovertebral abnormality. No significant neural foraminal narrowing was noted. Physical examination demonstrated that the Neer test is negative. Left shoulder forward flexion is at 160/180, extension is 40/50, adduction is 50/50, abduction is 160/180, internal rotation is 80/90, external rotation is 70/90. Tinel's sign is negative at the wrist and elbow bilaterally, with normal grip. Muscle strength is 5/5 in the upper extremities. Cervical flexion is 40/50, extension is 45/60, lateral bending is 35/45 to the right and 30/45 to the left, rotation is at 60/80 bilaterally. The date of injury was 3/7/13. No functional improvement with past PT physical therapy was

documented in the 3/31/15 progress report. Physical therapy three times a week for four weeks (12) was requested. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 visits of physical therapy exceeds MTUS guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.