

Case Number:	CM13-0007237		
Date Assigned:	03/19/2014	Date of Injury:	10/21/2010
Decision Date:	04/10/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient reported a 10/21/2010 date of injury, status post left shoulder rotator cuff reconstruction with arthroscopic biceps tenodesis 3/5/2013. At the time of request for authorization for Left Suprascapular Nerve Block, there is documentation of subjective (left shoulder pain) and objective (painful restricted range of motion in the left shoulder and tenderness at the AC joint) findings, current diagnoses (disorders of the bursae and tendons in the shoulder region, pain in joint involving shoulder region, and chronic pain syndrome), and treatment to date (activity modification, physical therapy, surgery, and medications). There is no documentation of degenerative disease and/or arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SUPRASCAPULAR NERVE BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder Chapter, Nerve Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Suprascapular Nerve Block.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a suprascapular nerve block is indicated (such as: degenerative disease and/or arthritis), as criteria necessary to support the medical necessity of a suprascapular nerve block. Within the medical information available for review, there is documentation of disorders of the bursae and tendons in the shoulder region, pain in joint involving shoulder region, and chronic pain syndrome. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a suprascapular nerve block is indicated (degenerative disease and/or arthritis). Therefore, based on guidelines and a review of the evidence, the request for Left Suprascapular Nerve Block is not medically necessary.