MAXIMUS Federal Services

Case Number:	CM14-0162494		
Date Assigned:	10/07/2014	Date of Injury:	09/18/2003
Decision Date:	11/04/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 is a 65-year-old female who sustained a remote industrial injury on 09/18/03 diagnosed with frozen shoulder syndrome, painful scar on the left shoulder, complex regional pain syndrome, thoracic nerve root injury, superior labrum from the anterior to the posterior lesion of the left shoulder, carpal tunnel syndrome, and cervical radiculitis. Mechanism of injury occurred during an assault when the patient's arm was grabbed and pulled by a man. The request for 1 left shoulder nerve exploration, neurolysis was non-certified at utilization review due to the lack of documentation that all forms of non-operative treatment have been exhausted and the lack of specificity of the requested procedure that does not identify the nerve lesion. The request for Unknown sessions of post op physical therapy was also non-certified at utilization review due to the shoulder surgery being non-certified rendering post-op physical therapy not medically necessary. The most recent progress note provided is 09/07/14. Patient complains primarily of pain in the chronic left base of the neck and shoulder. The patient recently participated in physical therapy with quite a bit of relief and previously received Botox injections to her left shoulder scar, which provided significant pain relief. Physical exam findings reveal decreased strength of a 4/5 in the left upper extremity and the scar over the left shoulder is sensitive and tender. Current medications include: Celebrex, Cymbalta and Dexilant. It is noted that the patient's diagnosis is unclear and one physician describes the patient's condition as a superficial cervical plexopathy. The treating physician is requesting a nerve exploration of the superficial nerves of the left shoulder and post-operative physical therapy. The treating physician highlights that if the appropriate nerves are discovered, then they can tuck the nerve into the muscle to try to relieve the pain. Provided documents include several previous progress reports, supplemental reports, and agreed medical evaluation, previous utilization reviews, requests for authorization, and a qualified medical evaluation. The patient's previous treatments include carpal tunnel

release, physical therapy, Botox injections to the shoulder, radial tunnel release, ulnar nerve transposition, brachial plexus decompression of the left upper extremity, radiofrequency ablation, stellate ganglion blocks, axillary nerve neuroplasty, cervical epidural steroid injections, corticosteroid injections, TENS unit, H-wave unit, and medications. Imaging studies provided include an MRI of the cervical spine, performed on 11/14/12. The impression of this MRI reveals degenerative changes that are most severe at C5-C6 with a disk bulge and laxity of the ligamenta flava together resulting in effacement of the ventral and dorsal CSF and cord flattening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left shoulder nerve exploration, neurolysis: 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), Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Thoracic Outlet Syndrome (TOS) and Official Disability Guidelines (ODG) Shoulder, Surgery

Decision rationale: According to ODG on shoulder surgery, the guidelines specify to refer to more specific procedures in order to determine medical necessity. In this case, the request for a nerve exploration/neurolysis does not clearly specify a particular procedure. Due to this un-specification, medical necessity is compared to ODG criteria on surgery for Thoracic Outlet Syndrome (TOS). This criteria highlights the indications for surgery include subjective and objective clinical findings consistent with TOS. As the requested procedure is not clearly specified, it cannot be determined whether the subjective and objective findings are consistent with the diagnosis that would warrant the medical necessity of this unspecified procedure. Provided documentation does highlight that the patient's diagnosis seems to be unclear, but an exploratory surgery still cannot be supported by the guidelines without documentation of the specific procedure and the necessary subjective and objective findings to support such an exploratory surgery. As such, medical necessity cannot be supported and the request for 1 Left shoulder nerve exploration, neurolysis is not medically necessary.

Unknown sessions of post op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in physical therapy in the past with benefit. However, the number of sessions completed and any functional improvement obtained as a result is not delineated. Further, ODG recommends a certain number of visits for post-operative therapy depending on the operation but the operation is not specified in this case. Lastly, the current request does not specify the quantity, frequency, and body part for the intended physical therapy sessions. Due to this lack of documentation and because the requested operation is recommended for non-certification, medical necessity is not supported and the request for Unknown sessions of post op physical therapy is not medically necessary.