

Case Number:	CM14-0185655		
Date Assigned:	11/13/2014	Date of Injury:	03/23/2012
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 56-year-old female who reported an injury on 03/23/2012. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of right shoulder pain with signs of complex regional pain syndrome type 1, and a history of right shoulder arthroscopy for rotator cuff repair and revision with decompression. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consisted of Vicodin. An electromyography (EMG)/nerve conduction study (NCS) of the right upper limb revealed median neuropathy across the wrist. There was no evidence of right cervical radiculopathy, brachial plexopathy, ulnar neuropathy, radial neuropathy, or peripheral neuropathy. On 10/22/2014, the injured worker complained of right shoulder pain. The physical examination of the right shoulder revealed no atrophy of the surrounding muscle structures. There was no deformity over the acromioclavicular (AC) joint. On palpation, there was moderate pain over the anterolateral aspect of the shoulder. It was also noted that there was a forward flexion of 120 degrees, abduction of 110 degrees, and an external rotation of 40 degrees. There was crepitus present with shoulder range of motion. Muscle strength was 4+/5. The neurological examination revealed no gross motor or sensory deficits. The medical treatment plan was for the injured worker to undergo a sympathetic nerve block. The provider felt a nerve block would help with the treatment of the injured worker's complex regional pain syndrome. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (right shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary, last updated 10/02/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The request for consultation with a pain management specialist is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment requested for the injured worker had failed to result in improvement in pain complaints or that the injured worker required complex pain management for control of her shoulder pain. Based on the submitted documentation reviewed and the medical guidelines, a pain management consultation would not be indicated. As such, the request for a pain management consultation is not medically necessary.

Sympathetic nerve block: Upheld

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

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

Decision rationale: The request for a sympathetic nerve block is not medically necessary. According to the Official Disability Guidelines, nerve blocks are recommended for shoulder pain and degenerative disease and/or arthritis. It improves pain, disability, and range of motion at the shoulder compared with placebo. An arthroscopy guided suprascapular nerve block at the end of rotator cuff repair is safe. A scapular nerve block is a safe and effective treatment for patients with hemiplegic shoulder pain. The submitted documentation did not indicate a diagnosis of degenerative disease and/or arthritis. It was indicated in the documentation that the injured worker had undergone rotator cuff repair. However, there was no indication of the injured worker having tried and failed postoperative conservative treatment. Furthermore, the request as submitted did not indicate the location for the sympathetic nerve block. Given the above, the request is not medically necessary.