

<b>Case Number:</b>	CM14-0092040		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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 claimant is a 62-year-old female who injured her left shoulder in a work related accident on March 20, 2010. The medical records provided for review documented that the claimant is status post two prior arthroscopic procedures to the shoulder with no significant benefit. The claimant subsequently underwent an ultrasound guided left suprascapular nerve block on March 6, 2014. The medical records document that the claimant received benefit from this injection over the short term. The clinical report of May 30, 2014 revealed worsening of the left shoulder pain and positive findings of adhesive capsulitis. There was restricted range of motion in all planes with tenderness to palpation and scapular dyskinesia with anterior "tipping" of the left scapula. The recommendation at that time based on the claimant's functional response to the injection was for radiofrequency denervation of the left suprascapular nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RF denervation, left suprascapular nerve:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, 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); Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Nerve blocks Recommended

as indicated below. Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of f

**Decision rationale:** California ACOEM and MTUS Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines recommend radiofrequency suprascapular nerve blocks as an option to improve pain, range of motion and disability in both acute and chronic shoulder pain settings. If there is documented improvement with injectable therapy, these can be utilized as an option as stated in both the acute and chronic setting. Based on the claimant's documented benefit from the injection in the past, the request for radiofrequency denervation of the suprascapular would be supported as medically necessary.

**Medical clearance: H&P, EKG & Labs QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** California ACOEM Guidelines would not support the request for preoperative medical clearance to include EKG and history and physical examination for the procedure. This procedure is no more invasive than the suprascapular nerve block previously given to the claimant. This individual underwent nerve block to the suprascapular nerve without issue. There would currently be no indication from the claimant's past medical history to have a history and physical examination or preoperative assessment particularly with electrocardiogram prior to the proposed procedure. Therefore, Medical clearance: H&P, EKG & Labs QTY: 1.00 is not medically necessary.

**Physical therapy 2-3 time weekly for 4-6 weeks, left shoulder QTY:18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support eighteen sessions of physical therapy as requested. While the claimant is recommended to undergo radiofrequency denervation of the suprascapular nerve, there would be no indication for acute physical therapy following the procedure. This individual has already undergone multiple physical therapy sessions since the time of injury. There would be no medical indication why an aggressive home exercise program would not be more appropriate. Therefore,

Physical therapy 2-3 time weekly for 4-6 weeks, left shoulder QTY: 18.00 is not medically necessary.