

Case Number:	CM15-0065250		
Date Assigned:	04/13/2015	Date of Injury:	02/10/2014
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation

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 63 year old man sustained an industrial injury on 2/10/2014. The mechanism of injury is not detailed. Evaluations include a recent MRI of the right shoulder. Diagnoses include right rotator cuff tear with surgical repair and right shoulder impingement. Treatment has included oral medications and surgical repair. Physician notes dated 12/23/2014 show complaints of right shoulder pain. Recommendations include modified activities and work duties, physical therapy, no further injections until MRI results are obtained and right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch blocks to done by Anesthesiology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents on 02/04/15 with right shoulder and neck pain rated 5/10 with medications. The patient's date of injury is 02/10/14. Patient is status post right shoulder arthroscopic rotator cuff repair on 06/11/14. The request is for CERVICAL MEDIAL BRANCH BLOCKS TO BE DONE BY ANESTHESIOLOGY. The RFA is dated 02/20/15. Physical examination dated 02/04/15 reveals surgical scars on the right shoulder, tenderness to palpation at the bicipital tendon, markedly decreased range of motion of the right shoulder, and decreased grip strength in the right hand. The provider also notes apparent proximal biceps tendon rupture with the bulk of the biceps tendon being located distally compared to the left side, and a marked tremor of the right upper extremity secondary to movement and pain. Cervical spine examination reveals pain to palpation over facet joints on the right side and markedly limited range of motion on extension and right lateral bending. The patient is currently prescribed Norco. Diagnostic imaging included MRI of the right shoulder dated 12/18/14, significant findings include: "anatomic impingement related to acromioclavicular joint hypertrophy... absence of the long head biceps tendon within the intra-articular portion as well as absence within the interior tubercular groove..." Patient is not working. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy a procedure that is considered "under study." Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." In regard to the request for a be a diagnostic medial branch block, the requesting provider has not specified the levels at which the procedure is to be performed. Documentation provided does not indicate that this patient has any prior medial branch blocks. There is no evidence that this patient is anticipating further surgical intervention. Progress report dated 02/04/15 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. Physical examination dated 02/04/15 indicates that this patient is positive for tenderness over the cervical facet joints, has decreased range of motion, and does not possess radicular pain or neurological deficit to the upper extremities. However, the request as written does not specify the levels to be injected and apparently refers this patient to an anesthesiologist for further treatment. Were the requesting

provider to specify appropriate levels to be injected; the injection may be reconsidered. Unfortunately, since no levels are specified, the necessity of the request cannot be substantiated. The request IS NOT medically necessary.

Physical therapy 3 times per week for 4 weeks for the right shoulder: Upheld

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

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

Decision rationale: The patient presents on 02/04/15 with right shoulder and neck pain rated 5/10 with medications. The patient's date of injury is 02/10/14. Patient is status post right shoulder arthroscopic rotator cuff repair on 06/11/14. The request is for PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER. The RFA is dated 02/20/15. Physical examination dated 02/04/15 reveals surgical scars on the right shoulder, tenderness to palpation at the bicipital tendon, markedly decreased range of motion of the right shoulder, and decreased grip strength in the right hand. The provider also notes apparent proximal biceps tendon rupture with the bulk of the biceps tendon being located distally compared to the left side, and a marked tremor of the right upper extremity secondary to movement and pain. Cervical spine examination reveals pain to palpation over facet joints on the right side and markedly limited range of motion on extension and right lateral bending. The patient is currently prescribed Norco. Diagnostic imaging included MRI of the right shoulder dated 12/18/14, significant findings include: "anatomic impingement related to acromio-clavicular joint hypertrophy... absence of the long head biceps tendon within the intra-articular portion as well as absence within the interior tubercular groove..." Patient is not working. MTUS pages 98, 99 has the following under Physical Medicine: "Recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to 12 physical therapy sessions for the management of this patient's shoulder pain, the requesting provider has specified an excessive number of sessions. Documentation provided indicates that this patient underwent a course of post-operative physical therapy with little improvement, though the exact dates of the therapy are not provided. This patient's rotator cuff repair took place on 06/11/14, and he is therefore no longer in the post-operative time frame; chronic pain guidelines apply. MTUS supports 8-10 visits for chronic pain complaints, treater has requested 12. Physical therapy is recommended as a conservative therapy for complaints of this type and may produce benefits; however the request as written exceeds the MTUS recommendations. Therefore, the request IS NOT medically necessary.