

Case Number:	CM15-0074958		
Date Assigned:	04/24/2015	Date of Injury:	01/17/2013
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female who sustained an industrial injury on 01/17/13. Initial complaints and diagnoses are not available. Treatments to date include bilateral carpal tunnel release, exercise, and medications. Diagnostic studies include x-rays and a MRI of the right shoulder. Current complaints include elbow, right shoulder, and neck pain. Current diagnoses include tenosynovitis hand/wrist, exostosis unspecified, shoulder impingement/bursitis, wrist arthralgia, shoulder acromioclavicular joint arthritis, and osteoarthritis. In a progress note dated 03/09/15 the treating provider reports the plan of care as right shoulder surgery and associated services. The requested treatment is a scalene nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scalene 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) Shoulder, Anterior Scalene Block.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of scalene nerve block for post-operative pain control after shoulder surgery. Per ODG, scalene nerve block is only recommended for the relief of acute thoracic outlet syndrome symptoms. In this instance the request is for shoulder surgery, therefore the requested procedure is not medically necessary.