

<b>Case Number:</b>	CM15-0092477		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 6/20/2014. Diagnoses include status post right shoulder arthroscopy with subacromial decompression, labral and biceps tendon debridement and rotator cuff repair, severe right shoulder adhesive capsulitis, postoperative right hand stiffness and right hand CMC arthrosis. Magnetic resonance imaging (MRI) dated 9/30/2014 revealed a right rotator cuff tear. Treatment to date has included surgical intervention (right shoulder arthroscopy with rotator cuff repair 12/02/2014), postoperative physical therapy, corticosteroid injection, medications and activity modification. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported pain and stiffness in the right shoulder and right hand with weakness in the right hand. Physical examination of the upper extremities revealed 70 degrees of forward flexion, 15 degrees of external rotation and internal rotation to the buttock of the right shoulder with moderate pain. There was slight stiffness of the right hand with the fingertips lacking the palm by 2-3cm. The plan of care included continued physical therapy and injections and authorization was requested for 3 stellate ganglion blocks for the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 stellate ganglion blocks for right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic stellate ganglion blocks, page 39-40.

**Decision rationale:** The provider does not specify or provide measurable objective findings or diagnoses consistent with diagnostic criteria for CRPS. Guidelines specify different stages of CRPS with symptoms of spontaneous burning and/or aching pain, more pronounced hyperpathia and or allodynia with clinical signs of sympathetic over-activity including reduced blood flow, sudomotor changes, increased edema, cyanotic skin, possible muscle wasting, initial increase then decrease in hair and nail growth, with osteoporosis of x-rays, not identified here. The patient's symptomatology and clinical findings do not establish possible CRPS. In addition, there is no focused conservative trial of physical modalities including desensitization, isometric exercises, resisted range of motion, and stress loading attempted. Per Guidelines, Stellate ganglion blocks are only recommended for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy although sympathetic blocks are not specific for CRPS. Published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial with less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade and no controlled trials have shown any significant benefit from sympathetic blockade. The 3 stellate ganglion blocks for right upper extremity is not medically necessary and appropriate.