

Case Number:	CM15-0098443		
Date Assigned:	05/29/2015	Date of Injury:	07/31/2000
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, Hawaii
 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 57 year old female who sustained an industrial injury on 07/31/2000. Current diagnoses include status post right shoulder arthroscopic subacromial decompression, Mumford procedure, rotator cuff repair, biceps tenotomy versus biceps tenodesis, glenohumeral joint debridement and synovectomy. Previous treatments included medication management, right shoulder surgery on 03/11/2015, physical therapy, occupational therapy, and cortisone injection. Report dated 04/09/2015 noted that the injured worker presented for post-operative follow up. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination revealed passive motion to 110 degrees, external rotation 25 degrees, and internal rotation to hip. The treatment plan included continue physical therapy, request for additional physical therapy, activity modified, ice, D/C sling at 6 weeks, and return to clinic in 6 weeks. Disputed treatments include right radio frequency ablation at C3, C4, C5, C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radiofrequency ablation at C3, C4, C5, C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Neck and Upper Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Right radiofrequency ablation at C3, C4, C5, C6. The requesting treating physician report was not found in the document provided for review. The only medical report provided for review is dated 2/13/15 (37B). The MTUS guidelines do not address radiofrequency ablation. However, ODG guidelines provide specific criteria for this procedure. The criteria for facet joint radiofrequency neurotomy states, "1. Treatment requires a diagnosis of facet joint pain. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time." In this case, there is no documentation provided that shows the patient has previously received a facet joint diagnostic block as required by the ODG guidelines. Furthermore, there were no objective findings of facet joint pain in the sole medical report provided for review. And finally, more than two joint levels are requested to be performed at one time. The current request does not satisfy the ODG guidelines as the required criteria for radiofrequency ablation were not met. The current request is not medically necessary.