

Independent Medical Review Final Determination Letter

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Dated: 12/18/2013

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| IMR Case Number: | CM13-0015994 | Date of Injury: | 10/08/2009 |
| Claims Number: | [REDACTED] | UR Denial Date: | 08/14/2013 |
| Priority: | STANDARD | Application Received: | 08/23/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| SUPRASCAPSULAR NERVE INJECTION TO THE RIGHT SHOULDER (RECOMENDED BY PANEL QME YOUNG) | | | |

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 30-year-old gentleman who was injured in a work related accident on October 8, 2009.

Recent clinical records indicate continued right shoulder complaints stating that in early June of 2013, the claimant underwent a right suprascapular injection to the shoulder performed by Dr. [REDACTED]. It also states that he had attended physical therapy and utilized work modification at that time. The claimant stated the injection provided "slight relief of neck and right shoulder and right scapular symptoms" however, at present the symptoms are continuing to be ongoing.

August 7, 2013 physical examination showed restricted range of motion to the right shoulder with tenderness over the acromioclavicular joint, moderate to severe supraspinatus muscle tenderness with visible atrophy in the distribution of the supraspinatus muscle. Working diagnoses were that of suprascapular nerve injury and spinal accessory nerve injury to the right shoulder with associated weakness and loss of range of motion.

A second and "possibly third" injection was recommended to the right suprascapular nerve to build improvement with treating physician stating multiple injections would be similar to "walking up a ladder".

IMR DECISION(S) AND RATIONALE(S)

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

1. Suprascapular nerve injection to the right shoulder is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Nerve Blocks, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Nerve blocks.

The Physician Reviewer's decision rationale:

The Official Disability Guideline indicate the use of suprascapular nerve blocks is noted to be a safe and effective treatment for shoulder pain with degenerative disease or arthrosis. It is also noted that injections are better at reducing pain, but not range of motion. A review of the medical records in this case, indicates the employee did not see substantial relief with the initial procedure and continues to be deficit in functional range. The role of multiple injections to the suprascapular nerve would not be supported. **The request for suprascapular nerve injection to the right shoulder is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]