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| Case Number: | CM13-0015646 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 07/19/2012 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/21/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 58 year old male who was injured on 7/19/12. He worked as a cook for 13 years and developed left shoulder pain from trying to catch items that fell out of a refrigerator in 2011. The patient improved and he returned to work, until the symptoms reoccurred on 7/19/12. He has been diagnosed with chronic myofascial pain syndrome with trigger points left shoulder; and left shoulder contracture which has developed into frozen shoulder syndrome; mild osteoarthritis of the left shoulder at the AC joint. According to the 6/14/13 pain management report from [REDACTED], he presents with pain in the left shoulder/scapular region. The exam states he found trigger points in the left pronator teres, subscapularis and infraspinatus. He requested trigger point injections x2 for the left shoulder which were denied by UR on 7/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LEFT SHOULDER QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Trigger Point Injections Page(s): 122.

Decision rationale: The patient presents with chronic left shoulder pain. The request does not specify where in the shoulder the physician is anticipating the injections. The exam states there were trigger points palpable in the left subscapularis and infraspinatus muscles. While the tendon of the subscapularis may be palpated, the belly of the subscapularis is between the scapula and thorax. It is not fully accessible to palpation and it is not clear how the physician identified a twitch response. Palpation of trigger points in the infraspinatus is easier to comprehend, but there was no mention of the twitch response and referred pain. MTUS Chronic Pain Guidelines for trigger point injections (TPI) states all criteria for TPI must be met. The request for TPI without "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" is not in accordance with the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.