

Case Number:	CM13-0020192		
Date Assigned:	06/06/2014	Date of Injury:	07/19/2012
Decision Date:	07/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/04/2013

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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California and Tennessee. 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:

The injured worker is a 59-year-old male who sustained an injury on 7/19/12 to his left shoulder while performing his usual and customary duties as a cook. The injured worker would frequently use a walk to cook food. The injured worker denied any radiation of pain, numbness or tingling in hand. Plan radiographs of the left shoulder were unremarkable. He injured worker reported having a similar injury in March 2011, but have been fine since that time until now; therefore, this was declared a new injury. The injured worker was diagnosed with a left shoulder strain and left lateral epicondylitis with forearm strain and tenosynovitis. Concerted treatment to date has included physical therapy, medications and corticosteroid injections, light-duty and chiropractic manipulation treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X 1 TO 2 SESSIONS 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 Trigger point injections Page(s): 122.

Decision rationale: The request for trigger point injections times 1-2 visits to the left shoulder is not medically necessary. The previous request was denied on the basis that the injured worker has not had a history of trigger points for greater than three months and there has been no clear documentation of ongoing conservative therapy directed at a diagnosis of myofascial pain syndrome or trigger points. Physical examination did not indicate any palpable trigger points, taut muscle bands or jump signs. Given the clinical documentation submitted for review, medical necessity of the request for trigger point injections times 1-2 visits to the left shoulder has not been established. Therefore the request is not medically necessary.