

Case Number:	CM13-0024414		
Date Assigned:	11/20/2013	Date of Injury:	09/20/2006
Decision Date:	01/31/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Pennsylvania. 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. 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 patient is a 73-year-old injured worker with a reported injury date of 09/20/06. Records suggest a history of left shoulder pain. A previous MRI reportedly shows a small rotator cuff tear. The patient was also given a diagnosis of concomitant impingement as well as adhesive capsulitis. A trigger point injection has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point cortisone injection to left shoulder: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines regarding trigger point injections, are somewhat controversial and are not generally provided except for patient with myofascial pain syndrome and a circumscribed trigger point without underlying organic pathology. Trigger point injections have not been shown to be beneficial for either adhesive capsulitis or rotator cuff tears. Overall, the request for a trigger point injections is not indicated for the diagnosis and it does not comply with guidelines according to the information reviewed.

The request for trigger point injections to the left shoulder is not medically necessary and appropriate.