

Case Number:	CM13-0026205		
Date Assigned:	11/22/2013	Date of Injury:	09/03/2008
Decision Date:	01/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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. 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 31 year-old female with an injury date of 9/3/2008. She has been diagnosed with carpal tunnel syndrome s/p bilateral carpal tunnel release; myalgia/myositis; cervicalgia; tenosynovitis; and left hand/wrist and left lateral epicondylitis. The IMR application shows a dispute with the 8/20/13 UR decision by [REDACTED] that denies trigger point injections for the left hand/wrist x2. The 8/13/13 medical report states that the trigger point injections (TPI) were for the palpable trigger points in the posterior cervical paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the left hand/wrist x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Chapter: Pain.

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

Decision rationale: The medical reports provided for review offer no indication that there were trigger points in the patient's left wrist/hand. Without documentation of trigger points in the left

wrist/hand, the left wrist/hand trigger point injections are not in accordance with MTUS Chronic Pain Guidelines. The request for trigger point injection for the left hand/wrist x2 is not medically necessary and appropriate.