

Case Number:	CM13-0042210		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 and rehabilitation, has a subspecialty in pain management, 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:

This is a male patient with a date of injury of 4/26/13. A utilization review determination dated 10/8/13 recommends non-certification of trigger point injection for right shoulder. A progress report dated 9/30/13 identifies subjective complaints including pain, stiffness, weakness, and numbness in the right shoulder, "RFA (radiofrequency ablation) done for injections." Objective examination findings identify TTP (Thrombotic Thrombocytopenic Purpura), spasm, and "SENS." The remaining findings are illegible. Diagnoses include sprain/strain shoulder/arm, unspecified. Treatment plan recommends "1 cc depo, 1 cc marking for the right shoulder...will send out independent medical review for 1 cc depo, 1 cc marking trigger point injections for the right shoulder."

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation CA MTUS.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for trigger point injections for right shoulder, the Chronic Pain Medical Treatment Guidelines supports trigger point injections when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain. Within the documentation available for review, there is no documentation of trigger points as defined above, with evidence upon palpation of a twitch response as well as referred pain, as well as failure of medical management therapies to control the pain from trigger points. The request for trigger point injections for the right shoulder is not medically necessary or appropriate.