

Case Number:	CM13-0044873		
Date Assigned:	03/03/2014	Date of Injury:	04/01/2012
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 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:

The patient is a 50-year-old male who reported an injury on 04/01/2012. The mechanism of injury was noted that the patient was injured while performing safety walks. The documentation of 09/19/2013 revealed the patient had tenderness in the shoulder; however, had a substantial decrease in the pain. The patient had tenderness over the right rhomboid major and minor. The patient had tenderness to palpation in the trapezius on the right side. The impression and diagnoses were noted to be right shoulder tendinopathy, improving, but with residual cervicobrachial myofascial pain. The plan was a Botox injection for chronic pain in the shoulder muscle girdle, Voltaren, Ultram, and home exercise therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION (200 UNITS) FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTOX Page(s): 25-26.

Decision rationale: The California MTUS Guidelines do not recommend Botox for chronic pain disorders, including myofascial pain syndrome. The clinical documentation submitted for

review indicated the patient had myofascial pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Botox injection, 200 units, for the right shoulder is not medically necessary.