

Case Number:	CM13-0056622		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2010
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 claimant is a 23-year-old female who was injured in a work related accident on January 13, 2010. In the records provided for review is a PR2 report dated September 24, 2013 by treating provider [REDACTED] documenting current diagnoses of tenosynovitis of the left knee, lumbar disc disease, anxiety, depression, posttraumatic insomnia and gastritis from medication usage. Specific to the knee, examination was documented as 0 to 135 degrees range of motion on the left with a positive straight leg raise, but no documentation of other clinical findings. Based upon the claimant's current clinical presentation, a series of trigger point injections were recommended for the claimant's left knee.

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 LEFT KNEE: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, trigger point injections are recommended when there is documentation of circumscribed trigger points on examination

with evidence of a palpable twitch response. They are also only indicated for symptoms that have persisted for greater than three months that have failed first line forms of conservative measures including nonsteroidal muscle relaxant use, physical therapy and home exercises. While the records provided for review indicate that the claimant has continued complaints of knee pain, physical examination, clinical presentation, and current working diagnoses are not consistent with trigger point findings. The absence of the trigger point findings would fail to support the request for "trigger point injection" to the claimant's left knee. .