

<b>Case Number:</b>	CM13-0059161		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for sprains and strains of unspecified site of shoulder and upper arm associated with an industrial injury date of August 19, 2012. Treatment to date has included oral analgesics, muscle relaxants and right shoulder surgery. Medical records from 2013 were reviewed and showed right shoulder pain rated as 8/10. Physical examination of the right shoulder showed limitation of motion and guarding. The patient was status post right shoulder arthroscopy SLAP repair with subacromial decompression on January 31, 2013. Most of the documents submitted are illegibly handwritten; important information may have been overlooked due to its incomprehensibility. Utilization review dated October 29, 2013 denied the request for right upper trap myofascial trigger point injection under ultrasound guide. The reason for the denial was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT UPPER TRAP MYOFASCIAL TRIGGER POINT INJECTION UNDER ULTRASOUND GUIDE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

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

**Decision rationale:** Page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that trigger point injections are recommended only for myofascial pain syndrome. There should be a documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, the patient complains of right shoulder pain; however there was no documentation of trigger points in the most recent physical examination. There is no indication for this procedure in this patient based on the guideline. The medical necessity has not been established. Therefore, the request for right upper trap myofascial trigger point injection under ultrasound guide is not medically necessary.