

<b>Case Number:</b>	CM14-0008199		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 63 year-old female who was injured on 11/6/13. She has been diagnosed with right shoulder strain, trapezius muscle; and cervical spondylosis and radiculopathy. According to the 12/18/13 report from [REDACTED], the patient presents with right-sided neck, trapezius, upper extremity pain with numbness and tingling. She had 5 of 6 OT sessions with the 6th scheduled for today. The plan was to request additional OT and provide cortisone at the right wrist for CTS and trigger point injections for the trapezius. On 12/30/13 UR recommended non-certification for the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL OCCUPATIONAL THERAPY SESSIONS QTY 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Integrated Treatment/Disability Duration Guidelines, Physical Medicine Guidelines.

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

**Decision rationale:** The patient presents with right-sided neck, trapezius, upper extremity pain with numbness and tingling. The patient completed 6 sessions of OT and I have been asked to review for 6 additional sessions. MTUS guidelines recommends 8-10 sessions of therapy for various myalgias or neuralgias. The additional 6 sessions of OT when combined with the prior 6 sessions of OT will exceed the MTUS recommendations.

**TRIGGER POINT INJECTIONS AT TRAPEZIUS QTY 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with right-sided neck, trapezius, upper extremity pain with numbness and tingling. I have been asked to review for trigger point injection to the trapezius muscle. The MTUS criteria for trigger point injections states there must be: "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" The medical report from [REDACTED] noted pain in the trapezius muscle, but did not identify any trigger points. The request for trigger point injections without documentation of circumscribed trigger points with twitch response and referred pain is not in accordance with MTUS guidelines.