

<b>Case Number:</b>	CM14-0011318		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 49 year old male who reported an injury to his left shoulder. The clinical note dated 02/06/14 indicates the injured worker stating the initial injury occurred when a large piece of metal fell on his outstretched hand. The injured worker reported significant stiffness. Upon exam, the injured worker demonstrated a flexion contracture at the PIP joint of the index finger and a slight flexion contracture at the DIP joint. The injured worker was treated for a near amputation of the left index finger as well as the open fracture and extensor tendon complaints. The operative report dated 01/23/13 indicates the injured worker undergoing an open reduction and internal fixation of the proximal phalanx of the left index finger. The injured worker also underwent a repair of the extensor tendon and a repair of the laceration at the left middle finger. The discharge note dated 01/24/13 indicates the injured worker having a small to moderate sized soft tissue bundle along the ulnar volar aspect of the index finger. The flexor tendon was identified as being intact. No other significant findings were identified. The previous utilization review resulted in a non-certification for 6 trigger point injections as no information was submitted regarding the need for 6 injections as opposed to 3 which is recommended. Additionally, no information was submitted regarding the injured worker's significant symptoms indicating the need for trigger point injections. No information was submitted regarding any indication regarding 3 joint injections, specifically at the left shoulder. No information was submitted regarding the injured worker's response to previous conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 JOINT INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,

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

**Decision rationale:** The request for 3 joint injections is non-certified. The documentation indicates the injured worker complaining of left upper extremity pain. Joint injections are indicated at the shoulder provided the injured worker meets specific criteria to include significant functional deficits associated with the shoulder. No objective data was submitted regarding the injured worker's functional deficits. Therefore, it is unclear if the injured worker would benefit from any joint injections. Therefore, this request is not medically necessary.

### **6 TRIGGER POINT INJECTIONS FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9 - SHOULDER COMPLAINTS, TABLE 9-6 SUMMARY OF RECOMMENDATION FOR EVALUATING AND MANAGING SHOULDER COMPLAINTS, CLINICAL MEASURE: INJECTIONS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Injections.<Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>>

**Decision rationale:** The request for 6 trigger point injections for the left shoulder is non-certified. The documentation indicates the injured worker complaining of left upper extremity pain after being struck by a piece of sheet metal. Trigger point injections are indicated provided the injured worker meets specific criteria to include trigger points are identified upon palpation. No information was submitted regarding the injured worker's specific identification of trigger points at the left shoulder. Additionally, no information was submitted regarding the injured worker's functional deficits at the left shoulder. Given these factors, this request is not indicated as medically necessary.