

Case Number:	CM14-0015284		
Date Assigned:	02/28/2014	Date of Injury:	07/14/1998
Decision Date:	04/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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, 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:

This is a male patient with a date of injury of July 14, 1998. A utilization review determination dated January 22, 2014 recommends non-certification of right shoulder trigger point injections. Non-certification is recommended based on lack of documentation of palpable trigger points and absent report of prior treatment measures. A progress note dated January 9, 2014 reports subjective complaints of right shoulder pain rated at a 9 on a 10 point scale. The note mentions that the patient has increased right shoulder pain in the morning, afternoon, and at night. There is also mention of radiation of pain into the right arm and hand. The pain is decreased with resting and is increased with lifting, pulling, pushing and working. The patient is currently taking tramadol extended-release 150mg 2 by mouth daily and Norco 7.5/325 three times a day as needed for breakthrough pain, there is no mention of the amount of relief obtained with the medications. Objective findings include a positive right shoulder Neer's, Hawkin's, and O'Brien's test. The physical exam also demonstrated painful arc of abduction and positive drop arm sign as well as decreased range of motion. Diagnoses include left knee tenosynovitis, lumbar facet syndrome, lumbar muscle spasms, lumbar myalgia, sacroilitis, right shoulder tenosynovitis, cervicgia, cervical muscle spasms, cervical myalgia, thoracalgia, thoracic muscle spasms, cervical muscle spasms, cervical myalgia, and thoracic myalgia. The treatment plan recommends trigger point injections of the right shoulder. An MRI of the right shoulder dated November 25, 2013 reported a flat acromion that was laterally down sloping, osteoarthritis of the acromioclavicular joint, partial articular tear with tendinosis of the supraspinatus muscle, infraspinatus tendinosis, synovium effusion, and subacromial/subdeltoid bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Trigger point injections