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| Case Number: | CM14-0113711 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 03/05/2010 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 and 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:

The underlying date of injury in this case is March 5, 2010. The patient's diagnoses include adhesive capsulitis of the left shoulder, status post left shoulder subacromial decompression, cervical myofascial pain, and cervical sprain. On April 7, 2014, treating physician followup notes that the patient had attended a functional restoration program and that had helped her considerably. The patient complained of ongoing pain in the left shoulder and neck. On physical examination the patient had tenderness in the acromioclavicular joint and biceps with decreased motion in the spine. The cervical spine was tender in the supraspinatus, rhomboid, and trapezius. A Spurling maneuver on the left was not testable due to shoulder adhesions. The treating physician refilled hydrocodone and planned to decrease this into the future and felt the patient was doing very well overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three trigger point injections for the left 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: The Chronic Pain Medical Treatment Guidelines, section on trigger point injections, page 122, discusses very specific criteria for the use of trigger point injections, including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The medical records do not document such a specific focal finding at this time. Overall, the medical records appear more consistent with regional myofascial pain but do not clearly document the presence of trigger points. The request for three trigger point injections for the left shoulder is not medically necessary or appropriate.