

Case Number:	CM14-0159145		
Date Assigned:	10/02/2014	Date of Injury:	08/06/2012
Decision Date:	11/06/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of April 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical agents; carpal tunnel release surgery and ulnar nerve release surgery of June 10, 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for four trigger point injections in the lumbar paraspinal musculature under ultrasound guidance and also denied a cane. In a handwritten note dated September 16, 2014, the applicant reported multifocal shoulder and wrist pain. The applicant had scarring about the shoulder apparently associated with prior shoulder surgery. Shoulder range of motion was reduced in all planes. Wrist scarring was also evident. The applicant was apparently offered Cymbalta and/or Savella for chronic pain syndrome/fibromyalgia. Omeprazole, Flexeril, Voltaren, and Methoderm were endorsed. The applicant was asked to continue permanent work restrictions imposed by medical-legal evaluator. It did not appear that the applicant was working with said permanent limitations in place. The stated diagnoses included myofascial pain syndrome, carpal tunnel syndrome, and rotator cuff syndrome. The applicant's gait was not described. It was stated that the applicant was not working in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single point cane: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Power Mobility Devices topic. Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane and/or walker. In this case, however, the handwritten progress note of September 16, 2014, referenced above, did not clearly outline the applicant's gait and/or functional mobility deficits (if any). No rationale or basis for provision of the cane was furnished by the attending provider. It is further noted that the MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity. Provision of the cane, thus, would run counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

Trigger point injections x4 to right LS paraspinal muscles under ultrasound with 5cc of 1%lidocaine and 40mg Kenalog: 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 topic. Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. In this case, however, it is far from certain that the applicant in fact carried a diagnosis of myofascial pain syndrome. The applicant was given various diagnoses, including fibromyalgia versus carpal tunnel syndrome versus rotator cuff shoulder syndrome status post shoulder surgery and/or myofascial pain syndrome. The applicant has undergone previous shoulder surgery for presumed rotator cuff syndrome and previous carpal tunnel release surgery for presumed carpal tunnel syndrome. The request, thus, is not indicated given the considerable lack of diagnostic clarity here and lack of evidence that myofascial pain syndrome, is, in fact, the operating diagnosis present here. Accordingly, the request is not medically necessary.