

Case Number:	CM14-0163753		
Date Assigned:	10/15/2014	Date of Injury:	03/05/2014
Decision Date:	12/08/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation 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:

Medical records reflect the claimant is a 47 year old female who sustained a work injury on 3-5-14. On this date, the claimant tripped and sustained a left knee contusion. Medical records reflect the claimant has been treated conservatively. She has been treated with physical therapy x 7 visit. Office visit on 7-14-14 notes the claimant has low back pain rated as 7/10 and left knee pain as 8/10. The claimant was given a refill of medications including Menthoderm cream. The claimant was referred to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Trigger Point Injection to the Medial Lateral Joint Line of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition Pain (Chronic) Chapter, Trigger Point Injections (TPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - trigger point injections

Decision rationale: ODG notes that trigger point injections are recommended for myofascial pain syndrome as indicated below, with limited lasting value. ODG further notes that in order to perform trigger point injections there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is an absence in objective documentation noting that this claimant has circumscribed trigger points with evidence upon palpation of a twitch response. Additionally, there is no evidence based medicine to support performing trigger point injections for knee conditions. Therefore, the medical necessity of this request is not established.