

Case Number:	CM14-0171841		
Date Assigned:	10/23/2014	Date of Injury:	04/06/2013
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52 year old male presenting with chronic pain following a work related injury on 04/06/2013. The claimant was diagnosed with right knee sprain/peripatellofemoral arthropathy/chondrosis of the lateral patella facet, right ankle sprain, hip sprain/greater trochanteric bursitis and acetabular tear. The claimant was treated with right hip injection with some benefit, 19/24 pool therapy visits, and acupuncture with some benefit. The physical exam showed right hip anterior joint pain, positive Faber test, tenderness to palpation at the gluteus medius below the iliac crest, decreased right hip motion, right knee peripatella tenderness, positive crepitus, decreased knee range of motion, right ankle lateral joint line tenderness and decreased ankle range of motion. A claim was placed for left glut med Trigger point cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Glut Med Trigger Point Cortisone Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 84.

Decision rationale: Left Glut Med Trigger Point Cortisone Injection is not medically necessary. Per CA MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the gluteus medius where the injection is to be performed; therefore the requested service is not medically necessary.