

Case Number:	CM14-0021614		
Date Assigned:	05/05/2014	Date of Injury:	04/06/2012
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 39 year old with an injury date on 4/6/12. Based on the 1/29/14 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder biceps tendinitis. 2. Rule out internal derangement right shoulder. 3. Depression secondary to his pain and disability. Exam of right shoulder on 1/29/14 showed "Well healed scars. Positive tenderness over the anterior glenohumeral joint. Positive Neer's test. Positive Hawkin 's test. Negative OBrien's test. Positive Speed's test. Positive tenderness over the biceps tendon. Negative Yergason's test. Positive crepitus. Positive clicking and popping. Range of Motion: Abduction (Normal): 170 degrees. Abduction (Right): 170 degrees. Abduction (Left): 170 degrees. Forward Flexion (Normal): 170 degrees. Forward Flexion (Right): 170 degrees. Forward Flexion (Left): 170 degrees. Internal Rotation. (Normal): 60 degrees. Internal Rotation (Right): 60 degrees. Internal Rotation (Left): 60 degrees. External Rotation (Normal): 80 degrees. External Rotation (Right): 80 degrees. External Rotation (Left): 80 degrees." [REDACTED] is requesting repeat trigger point injection right shoulder qty 1. The utilization review determination being challenged is dated 2/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/30/13 to 1/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT TRIGGER POINT INJECTION RIGHT SHOULDER QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: This employee presents with lower neck, bilateral lower scapular and trapezius pain and is status post right shoulder labral repair from August 2013 per 6/11/13 report. The treating provider has asked for repeat trigger point injection right shoulder qty 1 on 1/29/14. On 7/24/13, the employee reported a favorable response to trigger point injection from a week prior. By 8/27/13, the employee reported worsening symptoms in right shoulder, due to recent left knee surgery with arthroscopy and meniscectomy with micro fracture, and is on crutches non-weight bearing on left lower extremity which is making right shoulder worse. The 1/28/14 report states that employee "has failed all conservative management including injection, therapy and medications with inability to perform activities of daily living secondary to pain." The 1/29/14 report states the employee had trigger point injection on 7/17/13 "with good pain relief until recently, but now symptoms have recurred." Regarding trigger point injections, the MTUS recommends repeat injections if greater than 50% pain relief is obtained for six weeks with documented functional improvement and specific trigger points are identified on examination. In this case, prior injection did not provide greater than 50% reduction of pain lasting at least 6 weeks. Current examination does not show discrete trigger points including taut band and referred pain pattern. Recommendation is for denial.