MAXIMUS Federal Services

Case Number:	CM14-0031119		
Date Assigned:	03/21/2014	Date of Injury:	05/13/2010
Decision Date:	04/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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:

The patient reported an injury on 05/13/2010. The mechanism of injury was noted to be that the patient was standing on a pallet and reached up with his right arm. As he stepped down off the pallet, he lost his balance and fell forward and then to the ground on his buttocks and then towards the left side, injuring his right shoulder, right elbow, right hand and low back. The documentation of 01/02/2014 revealed that the patient had pain of a 7/10 in the right shoulder/arm, which had remained the same. Examination of the bilateral shoulders revealed grade II tenderness to palpation, and range of motion was restricted. Impingement and supraspinatus tests were positive bilaterally. The patient's diagnoses were noted to include bilateral shoulder rotator cuff tears. The treatment plan included that the patient's physical therapy was on hold, and the patient was referred for a right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the type of injection being requested. There was no DWC Form RFA to support what type of injection was being requested. Additionally, the criteria for the use of trigger point injections were not met. Given the above, the request for a trigger point injection to the right shoulder is not medically necessary.