

<b>Case Number:</b>	CM14-0050320		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58 year old female who reported an injury on 12/23/2013 due to an unknown injury. Physical examination on 02/07/2014 revealed left shoulder tender over the deltoid muscle and posterior shoulder, tender to palpate over the bicipital tendon, strength 5/5, tenderness paracervical, mild trapezial tenderness. Full range of motion with mild tenderness and normal ranges bilaterally. MRI of left shoulder was submitted dated 02/04/2014 which showed focal full thickness tear of the supraspinatus tendon, tendonitis, subacromial subdeltoid bursitis containing internal debris and/ or synovial proliferation, 3cm lesion of the proximal left humeral shaft, mild acromioclavicular degenerative changes. No other diagnostic studies were submitted. Physical therapy or physical medicine sessions were not submitted. Medications tried and failed were not reported. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Trigger Point 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 Injections Page(s): 122.

**Decision rationale:** The request for left shoulder trigger point injection is not medically necessary. The documentation submitted for review is lacking information of physical therapy, medications tried and failed, home exercises. The California Medical Treatment Utilization Schedule states trigger point injections are recommended only for myofascial pain syndrome. Trigger point injection are not recommended for radicular pain. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The document submitted lacks information. Therefore, the request is not medically necessary.