

<b>Case Number:</b>	CM14-0083691		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 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 62 year old female housekeeper who sustained an injury to the left shoulder in an industrial accident on 11/1/12 while mopping a floor. She has diagnoses of left shoulder adhesive capsulitis, a full thickness tear of the supraspinatus and tendinosis of the subscapularis. She has undergone a left shoulder arthroscopy, but the operative note is not provided for review and the extent of the procedure is not documented in the records provided. The injured worker has persistent left upper quadrant pain despite physical therapy (PT) and activity modification and a manipulation under anesthesia was recommended, but it is not known from the records provided if this has been carried out. The last report is from 3/28/14 and notes she has limited range of motion (ROM) of the left shoulder with 70 degrees of abduction and 90 degrees of forward flexion. A trigger point injection to the left shoulder was recommended on that date, but no specific trigger point is documented. A utilization review (UR) note from 5/14/14 indicated the injured worker was evaluated by the treating physician on 5/5/14 and had decreased left shoulder range of motion, weakness, and pain, but the actual clinical note is not provided for review. The treating physician requested authorization for manipulation under anesthesia (MUA), a trigger point injection, and topical medications for the left shoulder on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection to Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 179-188, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Trigger Point Injections.

**Decision rationale:** There is little documentation of an examination of the left shoulder and no documentation of any trigger points present. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) all note that a complete clinical history and examination is to be documented prior to recommending treatment. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) state trigger point injections with a local anesthetic are not recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome because all of the following criteria are not met. There is no documentation of a discrete trigger point(s) about the left shoulder. There is an indication that symptoms have persisted for more than three months. There is evidence that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain. There is not documentation that indicates that radiculopathy is not present. The injured worker has cervical spondylosis and a neurologic examination is not documented. There is not documentation that less than 3-4 injections per session are planned. The proposed number of injections is not documented. There is no documentation of the type of substances to be injected. Left shoulder trigger point injection cannot be recommended for certification and is considered not medically necessary.