

Case Number:	CM14-0087960		
Date Assigned:	07/23/2014	Date of Injury:	08/20/2009
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation, 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:

This is a female patient with a date of injury of August 20, 2009. A utilization review termination dated May 29, 2014 recommends a non-certification of a resistance chair with shoulder stretcher, and trigger point injections under ultrasound guidance to the left trapezius times 2. A progress note dated April 2, 2014 identifies subjective complaints of continued neck pain with a pain level at a 4 out of 10, continued left shoulder pain with stiffness/weakness rated at a 4 out of 10, the patient describes her pain as being moderate, constant, sharp, burning, with numbness, weakness, the patient reports numbness/tingling sensation from the left elbow to the left fourth digit, medications reduce pain level to a 3 on a to 10 scale, the patient uses pain medications as needed and the remainder of the progress note for the subjective section is illegible. Physical examination identifies mild to moderate decrease range of motion of the left shoulder and cervical spine, myospasm/trigger play active at right trapezius/right lower scapula, left wrist flexion at 48, and right wrist extension at 52. Diagnoses include cervical and left upper extremity radiculopathy and moderate to severe degenerative disc disease, left wrist moderate carpal tunnel syndrome, and the remaining diagnoses are illegible. The treatment plan states that there has been no response regarding a request for chiropractic services, the patient has adequate supply of medication, a request for left shoulder trigger point injections times 2 in the trapezius/left scapulae muscles under ultrasound guidance, requests for resistance chair with shoulder stretcher so that the patient can transition from office-based postoperative treatment to self-guided home exercise program to manage pain and maintain postsurgical range of motion as well as improve ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance chair with shoulder stretcher: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127.

Decision rationale: Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid reconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested resistance chair with shoulder stretcher will improve the patient's ability to perform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested resistance chair with shoulder stretcher is not medically necessary.

Left trigger point injections under ultrasound guidance, left trapezius muscle times 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792 Page(s): 26 and 122.

Decision rationale: Regarding the request for trigger point injections under ultrasound guidance to the left trapezius muscle times 2, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections under ultrasound guidance to the left trapezius muscle times 2 are not medically necessary.

