

<b>Case Number:</b>	CM14-0191936		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/07/1997
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 patient is a 47 year old female with date of injury 11/07/97. The treating physician report dated 09/11/14 indicates that the patient presents with pain affecting her right knee. The physical examination findings reveal joint pain, sore muscles, right knee flexion is 132 degrees and extension is 0 degrees. The patient rates her pain as 4-6/10. Prior treatment history includes previous Synvisc injections, trigger point injections, muscle stimulation machine for home use, physiological treatments, medications and three arthroscopic surgeries in 1998, 2002 and 2003. The current diagnoses are: 1. Right knee S/P scope 2. Right knee degenerative joint disease. The utilization review report dated 11/3/14 denied the request for 1 trigger point injection to right trap & levator scap under ultrasound guidance based on not enough documented evidence that the injections helped and guidelines not being met. The utilization review report dated 11/3/14 denied the request for 1 x-ray of the right knee based on prior imaging of the knee and guidelines not being met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 trigger point injection to right trap & levator scap under ultrasound guidance:** 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): 122.

**Decision rationale:** The patient presents with pain affecting the right knee and right shoulder. The current request is for 1 trigger point injection to right trap & levator scap under ultrasound guidance. The treating physician report dated 09/14/14 (15) noted that a previous injection reduced the patient's knee pain. The MTUS guidelines require the following regarding trigger point injections, Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case the treating physician has not documented any evidence of trigger points. There is no evidence of palpation of a twitch response or referred pain. The MTUS guidelines are very clear that the criteria outlined above must be met for recommendation of this injection. The request is not medically necessary.

**1 x-ray of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Radiography (x-rays)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for 1 x-ray of the right knee. The treating physician states "Denies additional specific trauma." (19) The utilization review report dated 11/4/14 states that the patient has undergone multiple prior imaging of the knee, the most recent of which was performed on 6/25/13 (report not provided). The MTUS guidelines do not address knee x-rays. The ODG guidelines state that x-ray is indicated for adult patients with non traumatic knee pain, non-trauma, non-tumor, non-localized pain, mandatory minimal initial exam, anteroposterior and lateral x-ray. The ODG guidelines do not discuss repeat x-rays. In this case the patient has had 3 prior surgeries of the right knee and the treating physician has requested an updated x-ray due to continued pain. The current request is medically necessary and is supported by the ODG guidelines. The request is medically necessary.

