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| Case Number: | CM14-0205924 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 12/18/1998 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 Emergency Medicine 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:

Patient with reported date of injury on 12/18/1998. Mechanism of injury was not documented. Patient has a diagnosis of residual of total hip arthroplasties, trochanteric bursitis and residual weakness of hip due to surgery. Medical reports reviewed. Last report available until 11/18/14. Patient had reportedly responded well to independent exercise program. Objective exam reveals tenderness to palpation with taut bands at myofascial trigger points with twitch response at levator scapula, trapezius and rhomboid muscles causing pain radiating to posterior scapula and neck. Spasms noted. Range of motion is mildly decreased except with R lateral bending with is limited to only 20degrees. Medications include Clonidine, Pennsaid, Tramadol and Diclofenac topical. NSAIDs has been avoided due to concerning for renal failure. Patient has undergone chiropractic and has had physical therapy in the past. Independent Medical Review is for Trigger point injection for Right shoulder/scapular muscles 1 session every 6-8weeks, R shoulder physical therapy #6sessions and Voltaren gel #100g. Prior Utilization Review on 12/4/14 recommended modification to 1 session of trigger point injection. Other requests were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the right shoulder scapular muscles, one session every six to eight weeks: 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: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. 1) Documentation of trigger points: Meets criteria. 2) Symptoms lasting more than 3months: Meets criteria 3) Conservative medical management has failed to control pain: Fails criteria. Patient has reportedly been improving and responding well to physical therapy, home exercise and pain medications. 4) No radiculopathy present: Meets criteria. Pt has well controlled chronic pain and is reportedly able to perform home exercise regiment. Except for short term pain control, there is no good rationale provided for injections. The request is also inappropriate since it basically request an unlimited number of injections every 6-8weeks. Trigger point injection is not medically necessary.

Six sessions of physical therapy for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed an unknown number of prior sessions. Patient is reportedly doing home exercise program and has responded well to PT and home exercise. There is no documentation as to why the patient cannot perform home exercise program with skills already learned or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.

Voltaren gel #100g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use

for the shoulder, spine or hip. Patient's pain is mostly shoulder and hip and therefore is not medically necessary. Recommended is also for short term use only and patient has been on topical NSAIDs for several months. Voltaren gel is not medically necessary.