

Case Number:	CM15-0100899		
Date Assigned:	06/03/2015	Date of Injury:	08/01/2011
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female, who sustained an industrial injury on 8/1/11. She reported right lower leg abrasion, sprain of right shoulder/arm. The injured worker was diagnosed as having rotator cuff tear and status post left carpal tunnel repair, myofascial pin, shoulder sprain/strain, right shoulder repair and sleep issues/poor coping. Treatment to date has included left carpal tunnel release, injections, physical therapy, home exercise program, TENS unit, wrist braces and oral medications. Currently, the injured worker complains of pain in right wrist rated 6/10. She continues to work full time. Physical exam noted decreased bilateral shoulder range of motion, decreased sensation of left upper extremity, decreased grip on right, tingling/numbness on right and tenderness to palpation of cervical paraspinal muscles/trapezius. The treatment plan included trigger point injections, continuation of Naproxen, Omeprazole, Lunesta and Gabapentin and continuation of TENS unit and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the right shoulder for Rotator Cuff Capsule Tear: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 1 and 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection to the right shoulder for Rotator Cuff Capsule Tear is not medically necessary and appropriate.