

Case Number:	CM15-0186946		
Date Assigned:	09/28/2015	Date of Injury:	02/26/2015
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 2-26-15. The injured worker reported pain in the left scapular and trapezius. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder strain, left rotator cuff tear, left subdeltoid tear. Provider documentation dated 8-1-15 noted the work status as modified work. Treatment has included Tylenol, physical therapy, magnetic resonance imaging. Objective findings dated 8-11-15 were notable for tenderness to the left anterior triangular area with pain and burning reported by the injured worker. The original utilization review (8-31-15) denied a request for outpatient trigger point injection to left medial superior scapular area using ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection to left medial superior scapular area using ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant sustained a work injury in February 2015 and is being treated for left shoulder pain occurring while lifting boxes. The claimant was seen for an initial evaluation by the requesting provider. Treatments had included 6 physical therapy sessions. Physical examination findings included a body mass index of nearly 39. Cervical spine and left shoulder range of motion testing could not be done due to pain. There was medial scapular tenderness with increased muscle tone. Authorization was requested for ultrasound guided trigger point injections. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection is not considered medically necessary.