

Case Number:	CM15-0187051		
Date Assigned:	09/29/2015	Date of Injury:	11/02/2012
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old female who sustained an industrial injury on 11-2-2012. Diagnoses have included cervicalgia, shoulder pain, and rotator cuff tear. Documented treatment includes at least 7 physical therapy sessions stated to have "helped significantly" 6-2015; home exercise; and, Ibuprofen "working well but causing reflux." An MRI from 9-6-12 is stated to have revealed a large full thickness rotator cuff tear and degenerative changes but the physician states "she is not a good surgical candidate." The injured worker reported 8-8-2015 that she is experiencing "persistent" bilateral shoulder pain rated as 4 out of 10 with spasms and tightness. The physician noted tenderness at the bilateral acromioclavicular joint, "more than glenohumeral joint." Bilateral shoulder abduction was 150 degrees and forward flexion 160 degrees with discomfort. Trigger points were noted at the cervical paraspinal muscles, bilateral supraspinatus, and levator scapulae muscles with twitch response. The treating physician's plan of care includes 6 to 8 trigger point injections in one session to the bilateral shoulder and neck. The injured worker has been working full time with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) to eight (8) trigger point injections in one session, bilateral shoulder and neck:
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: MTUS Guidelines allow for a trial of trigger point injections under these circumstances as both the physical therapist and treating physician are consistent with this diagnosis. However, the number of injections exceeds what is Guideline recommended and there are no unusual circumstances documented to justify an exception to the Guideline recommendations. The Guidelines recommend no more than 3 or 4 injections per session. The request is not medically necessary as it exceeds what Guideline is recommended.