

Case Number:	CM15-0202801		
Date Assigned:	10/19/2015	Date of Injury:	08/13/2013
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, Illinois

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:

This injured worker is a 33 year old male who reported an industrial injury on 8-13-2013. The injured worker has been diagnosed of left shoulder sprain-strain with non-traumatic rotator cuff tear, "SLAP" lesion, subacromial impingement and pain in shoulder joint; status-post left shoulder arthroscopy with capsulorrhaphy and Bankart lesion repair; para labral cyst left shoulder; left impingement syndrome; cervical stenosis with diffuse cervicobrachial syndrome; and myofascial pain syndrome. Magnetic imaging studies of the cervical spine were said to have been done on 12-4-2014, and computed tomography of the left shoulder was said to have been done on 8-13-2013; neither of which were noted in the medical records provided. His treatments were noted to include: left shoulder surgery (4-9-15) effective; post-operative physiotherapy; chiropractic treatments (Oct. & Nov., 2014); medication management; and rest from work. The orthopedic progress notes of 10-7-2015 reported: improved pain in his left shoulder following surgery; was working on strengthening, without a shoulder dislocation; pain over the medial aspect of the left scapula and neck; and that he had not yet seen the spine specialist. The objective findings were noted to include: no acute distress; 80% normal range-of-motion in the cervical spine, with tenderness along the left lateral side of the neck and medial scapular border; well healed surgical incisions on the left shoulder with forward elevation 170 degrees, abduction 160 degrees, external rotation 70 degrees, and internal rotation 30 degrees; negative impingement sign; that he was pleased with his improvement following left shoulder surgery; and was having ongoing issues of the cervical spine which would be evaluated by his spine specialist, and treatment by his pain management specialist. The physician's requests for

treatment were not noted to include trigger point injections. No medical records provided from within 6 months of this Utilization Review were noted to request trigger point injections. No Request for Authorization for trigger point injections was noted in the medical records provided. The Utilization Review of 10-1-2015 non-certified the request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections 2 times weekly for 2 weeks: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 8-13-2013. The medical records provided indicate the diagnosis of left shoulder pain, left shoulder impingement syndrome, cervical brachial syndrome-possible C7 radiculopathy, SLAP lesion shoulder. The medical records provided for review do not indicate a medical necessity for Trigger Point Injections 2 times weekly for 2 weeks. The MTUS does not recommend 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; (frequency should not be at an interval less than two months. The request is not medically necessary.