

Case Number:	CM14-0212680		
Date Assigned:	12/30/2014	Date of Injury:	11/14/2012
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, California
 Certification(s)/Specialty: Family Practice

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 is a 53 years old female patient who sustained an injury on 11/14/2012. She sustained the injury while pushing a parking sign, which had a missing wheel, inside. The current diagnoses include right shoulder joint pain and chronic pain. Per the doctor's note dated 12/5/14, she had complaints of right shoulder pain and weakness. The physical examination revealed unchanged from previous visit. Per the doctor's note dated 9/16/14 physical examination revealed full active range of motion of the right shoulder, with pain at the end of motion, positive impingement, 5/5 muscle strength to the bilateral upper extremities, 2+ Deep tendon reflexes to the bilateral upper extremities, normal sensation to light touch and tenderness of the right trapezius. The medications list includes acetaminophen and nortriptyline. She has had an MRI of the right shoulder on 10/25/2013, which revealed status post supraspinatus and infraspinatus tenodesis, both tendons taut, mild thickening and minimal abnormal signal to both tendons, may be related to prior surgery, the supraspinatus and infraspinatus muscles demonstrated normal signal and bulk, similar irregularity of the superior labrum, consistent with a superior labral tear from anterior to posterior, focal tendinosis of the intrascapular and extrasynovial segment of the long head of the biceps tendon; an EMG on 02/04/2013, which revealed a normal study. She has undergone a right shoulder arthroscopy with rotator cuff repair, debridement of superior labral lesion, subacromial decompression, distal clavicle resection arthroplasty, and synovectomy on 05/07/2013. She has had physical therapy and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) set of 3 trigger point injections for the right trapezius: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain....Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No 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." Per the records provided patient has had physical therapy and acupuncture visits for this injury. A documentation of response to these conservative measures was not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. The medical necessity of One (1) set of 3 trigger point injections for the right trapezius is not fully established for this patient.