

Case Number:	CM14-0216970		
Date Assigned:	01/06/2015	Date of Injury:	01/01/2001
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: 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 patient is a 58 year old male with an injury date on 01/01/2001. Based on the 11/26/2014 progress report provided by the treating physician, the diagnoses are: 1. Sprain/strain shoulder arm, unspecified. 2. Shoulder impingement syndrome. 3. Shoulder impingement syndrome. 4. Sprain/strain, Rotator cuff (capsule) According to this report, the patient complains of right shoulder pain, stiffness, and weakness severely. Patient overall feeling is worse. Examination findings show tenderness and spasm at the right shoulder. Range of motion and strength of the right shoulder are decreased. The patients work status is The patient is already P& S; he or [she] is being seen for future medical care, please follow previous P & S restrictions. The treatment plan is (1) requesting authorization for follow up with [REDACTED] (2) requesting authorization for right shoulder 1 CC depo 1 CC Marcaine trigger point, and (3) injection for underlying tendonitis. The patients past treatment consider of MRI. Based on 10/01/2014 report, the patient had moderate pain, stiffness, weakness and numbness at the bilateral shoulder. There is no other significant finding in this report. The utilization review denied the request for right shoulder trigger point injection with Marcaine on 12/05/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/20/2013 to 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection with marcaine for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, trigger point injections Page(s): 122.

Decision rationale: According to the 11/26/2014 report, this patient presents with right shoulder pain. Per this report, the current request is for trigger point injection with Marcaine right shoulder. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the treating physician does not mention trigger points with taut band and referred pain pattern in the physical exam as required by the MTUS guidelines. The request is not medically necessary.