

Case Number:	CM14-0218271		
Date Assigned:	01/08/2015	Date of Injury:	05/13/2011
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female sustained work related industrial injuries on May 13, 2011. The mechanism of injury involved a large food rack falling over the injured worker's head. The injured worker subsequently complained of right wrist pain, hand pain, right shoulder pain, and neck pain. Treatment consisted of radiographic imaging, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated November 14, 2014, physical exam revealed spasms in the right shoulder region. According to the most recent treating provider report dated December 14, 2014, physical exam revealed tenderness to right shoulder AC more than the glenohumeral, decreased motion of the shoulder forward flexion and abduction to 120 degrees associated with pain. Documentation noted tenderness to right hand, third and fourth digits and tenderness into the right wrist joints. The injured worker's diagnoses included right third, fourth, fifth digit tenosynovitis, right third digit trigger finger, possibility of complex regional pain syndrome right foot, possibility of complex regional pain syndrome right wrist and hand, depression associated with chronic pain and status post right shoulder rotator cuff repair. According to treating provider report dated December 12, 2014, the injured worker was to return to modified work on January 31, 2015. The treating physician prescribed services for 6 to 8 trigger point injections to the right shoulder region now under review. On December 4, 2014, the Utilization Review (UR) evaluated the prescription for 6 to 8 trigger point injections to the right shoulder region requested on November 26, 2014. Upon review of the clinical information, UR modified the request to 4 trigger point injections to the right shoulder region

based on the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 to 8 trigger point injections to the right shoulder region: Upheld

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

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

Decision rationale: 6 to 8 trigger point injections to the right shoulder region are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that more than 3-4 trigger point injections should be given per session and 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. The request for 6-8 trigger point injections exceeds the recommended number of initial injections and is therefore not medically necessary.