MAXIMUS Federal Services

Case Number:	CM15-0114997		
Date Assigned:	06/23/2015	Date of Injury:	10/06/2000
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 10/06/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having status post right knee arthroscopy, degenerative joint disease of the right knee, and narcotic tolerance. Treatment to date has included diagnostics, right knee surgery x2, pain management, and medications. Currently (5/14/2015), the injured worker complains of difficulty with his medications. A knee replacement procedure had not been approved. Exam of the right knee noted healed arthroscopic portals, pain and tenderness with range of motion, and limited motion and strength. There was no instability with varus or valgus stress. His work status was permanent and stationary. A progress report regarding the treatment plan for trigger point injections, to relieve muscle spasms and pain, was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to relieve muscle spasms and pain: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left shoulder and right knee pain. Case notes references previous trigger point injections. When seen, there was an antalgic gait with a cane. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection was not medically necessary. In terms of a repeat trigger point injection, criteria include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. The claimant response to previous trigger point injections is not documented and the request is not medically necessary for this reason as well.