

Case Number:	CM15-0123230		
Date Assigned:	07/07/2015	Date of Injury:	01/06/2013
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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 51-year-old female, who sustained an industrial injury on 1/06/2013. Diagnoses include left shoulder tendinitis status post left shoulder arthroplasty, left elbow medial and lateral epicondylitis, left carpal tunnel syndrome and status post right knee surgery (3/20/2014). Treatment to date has included surgical intervention and conservative care including physical therapy and NSAIDs. Per the handwritten Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker presented with left shoulder, left elbow and left wrist complaints. Her right knee is doing well. Physical examination revealed tenderness to the left trapezius. The plan of care included diagnostics, medications, physical therapy and acupuncture. Authorization was requested for a trigger point injection in the left shoulder trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection left shoulder trapezius: Upheld

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

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

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for left upper extremity pain. When seen, there was left trapezius muscle tenderness. She was noted to move stiffly. She was able to ambulate without assistive device. There was guarding and protection of the left upper extremity. 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. A trigger point injection is not medically necessary.