MAXIMUS Federal Services

Case Number:	CM15-0071749		
Date Assigned:	04/21/2015	Date of Injury:	08/16/2014
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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 31-year-old female, who sustained an industrial injury on August 16, 2014. She has reported neck pain, shoulder pain, wrist pain and shin pain. Diagnoses have included right wrist strain/sprain, right shoulder muscle strain, myofascial spasm, and biceps tendinopathy. Treatment to date has included medications, cold, heat, home exercise, injections, and imaging studies. The injured worker also underwent physical therapy that offered some benefit, and acupuncture that offered significant benefit. A progress note dated March 12, 2105 indicates a chief complaint of right neck pain, right shoulder pain, right wrist pain, and left shin pain. The treating physician documented a plan of care that included urine drug screen, medications, additional acupuncture, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture to right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for symptoms including chronic neck and shoulder pain. Treatment included physical therapy and six sessions of acupuncture. When seen, she had right trapezius muscle tenderness and tenderness over the right biceps tendon sheath with positive Speeds testing. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, there is no adjunctive therapy or exercise program planned and functional improvement is not documented with the treatments already provided. The additional requested acupuncture treatments were not medically necessary.

Trigger Point Injection to right Trapezius and right biceps tendon sheath: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for symptoms including chronic neck and shoulder pain. Treatment included physical therapy and six sessions of acupuncture. When seen, she had right trapezius muscle tenderness and tenderness over the right biceps tendon sheath with positive Speeds testing. Criteria for consideration of an injection include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. In this case, the injection is being requested for the treatment of biceps tendinitis. Since this is not a qualifying diagnosis, the request is not medically necessary. Criteria for the use of trigger point injections 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 therefore a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection 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. A series of planned trigger point injections would therefore also not be considered medically necessary.