

<b>Case Number:</b>	CM15-0095052		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: California

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 52 year old female, who sustained an industrial/work injury on 5/29/10. She reported initial complaints of right shoulder and bilateral knee pain. The injured worker was diagnosed as having adhesive capsulitis of shoulder, ole bucket tear of medial meniscus. Treatment to date has included oral and topical medication, durable medical equipment, orthopedic consultation, and diagnostic testing. MRI of left knee results were reported on 10/16/14 that revealed central degeneration interstitial tearing of the medial meniscus posterior horn and body, possible small tear to a free margin near the apex in the posterior horn, partial extrusion of the medial meniscus body and anterior horn, moderate joint effusion, degenerative changes, primarily medial compartment. Currently, the injured worker complains of severe constant pain in bilateral knees with rating of 6-7/10 on right knee and 10/10 on left knee along with right shoulder pain. Per the panel QME re-evaluation on 3/16/15, the exam revealed an antalgic gait, use of a straight cane and knee brace, tenderness in the left knee. Current plan of care included Butrans patch and Sinvisc injections. The requested treatments include Retrospective: Trigger Point Injection Left Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Trigger Point Injection Left Knee: Upheld**

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

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

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.