

Case Number:	CM14-0143638		
Date Assigned:	09/12/2014	Date of Injury:	07/24/2013
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who stated injuries listed as 7-24-2013. Apparently she is a cumulative trauma disorder resulting in widespread body pain to include the neck, shoulders, entire back, elbows, wrists, knees, and ankles. Her diagnoses include a myofascial pain syndrome, torn medial lateral menisci, left groin hernia, rotator cuff tendinitis, and pain to the elbows, lumbar spine, thoracic spine, cervical spine, acromioclavicular arthritis, and others. Physical exam is revealed diminished range of motion of the cervical, lumbar, and thoracic spines, with widespread musculoskeletal tenderness. Over 700 documents were reviewed. Most of the handwritten notes were poorly legible or completely illegible. There is a statement that the patient was not too keen on injections. There is a request for trigger point impedance imaging so that there may be trigger point treatment in the back with either ultrasound or electrical current.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC TRIGGER POINT IMPEDANCE IMAGING /TPII: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Trigger Point Injections Aetna: Aetna Clinical Policy Bulletin: Electrical Stimulation for Pain

Decision rationale: The injured worker is a 57-year-old female who stated injuries listed as 7-24-2013. Apparently she is a cumulative trauma disorder resulting in widespread body pain to include the neck, shoulders, entire back, elbows, wrists, knees, and ankles. Her diagnoses include a myofascial pain syndrome, torn medial lateral menisci, left groin hernia, rotator cuff tendinitis, and pain to the elbows, lumbar spine, thoracic spine, cervical spine, acromioclavicular arthritis, and others. Physical exam is revealed diminished range of motion of the cervical, lumbar, and thoracic spines, with widespread musculoskeletal tenderness. Over 700 documents were reviewed. Most of the handwritten notes were poorly legible or completely illegible. There is a statement that the patient was not too keen on injections. There is a request for trigger point impedance imaging so that there may be trigger point treatment in the back with either ultrasound or electrical current.