

<b>Case Number:</b>	CM14-0154348		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, and is licensed to practice in California. 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:

63y/o female injured worker with date of injury 10/30/09 with related shoulder pain. Per progress report dated 8/21/14, it was noted that the injured worker's quality of sleep was poor. Per physical exam of the right shoulder, movements were restricted with flexion limited to 85 degrees, extension limited to 10 degrees, and abduction limited to 10 degrees limited by pain. Hawkins test was positive, Neer test was positive, shoulder crossover test was positive, drop arm test was negative, on palpation tenderness was noted in the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa. MRI of the right shoulder dated 9/29/10 revealed high-grade near full thickness tear in the anterior supraspinatus tendon with bursal surface communication anteriorly with determination of articular surface posterior supraspinatus; insertional infraspinatus tendinopathy with intramuscular ganglion; fraying of the subscapularis insertion; possible low-level adhesive capsulitis; prominent subacromial-subdeltoid bursal effusion with lesser glenohumeral effusion; sharply marginated inferiorly projecting subacromial enthesophyte. Treatment to date has included surgery (biceps release and removal of bursa in 2012, right rotator cuff repair in 2012 and 2012, left knee replacement in 2008, right knee replacement in 2005), physical therapy, and medication management. The date of UR decision was 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder trigger point injection:** Overturned

**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:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)"The medical records submitted for review indicate that the injured worker has failed conservative treatment. Trigger point with radiating pain and twitch response on palpation was noted at the bilateral rhomboid. Furthermore there is no evidence of radiculopathy by exam. I respectfully disagree with the UR physician's assertion that this documentation was not present. The request is medically necessary.