

Case Number:	CM14-0006809		
Date Assigned:	02/05/2014	Date of Injury:	11/30/2007
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic and Hand Surgery, and is licensed to practice in Texas. 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 43 year old female who reported an injury of unknown mechanism on 11/30/2007. In the clinical note dated 11/18/2013, the injured worker had complained of right shoulder pain following surgery on 03/28/2013. It was documented that the injured worker had constant pain in the right shoulder along the top of the shoulder and down the lateral aspect of the upper arm. She stated that she had limited range of motion with popping in the right shoulder. A report of a MRI of the right shoulder dated 07/10/2012 was documented in the clinical note as low-level cuff tendinosis and reactive bursal synovitis and early degeneration of the acromioclavicular joint. The physical examination revealed right shoulder flexion of 40 degrees and abduction 40 degrees. The prescribed medications were listed as Sentra PM medical food #60, Diclofenac sodium 1.5% 60 gm and Capsaicin 0.075% cream. The treatment plan included the request for evaluation for Tenex procedure and possible ultrasound of right shoulder. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION TO EVALUATE FOR TENEX PROCEDURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, updated 6/12/13, Ultrasound, Therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 20-210.

Decision rationale: The requested Tenex procedure is an invasive procedure which utilizes ultrasound to break up scar or frayed tissue while performing a tenotomy. California MTUS/ACOEM Guidelines state referral for surgical consultatin may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The injured worker's imaging revealed low-level cuff tendinosis and reactive bursal synovitis and early degeneration of the acromioclavicular joint which is not supportive of pathology necessitating surgical intervention. Therefore the request for consultation to evaluate for Tenex procedure is not medically necessary.

POSSIBLE RIGHT SHOULDER ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Updated 06/12/13, Ultrasound, Therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, Therapeutic.

Decision rationale: The CA MTUS Guidelines state that it does not recommend the use of therapeutc ultrasound. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The Official Disability Guidelines state therapeutic ultrasound for shoulder problems is mixed and have provided clinical important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. Given the injured worker does not have evidence of calcific tendonitis of the shoulder, the request is not supported. Therefore, the request for possible right shoulder ultrasound is not medically necessary.