

<b>Case Number:</b>	CM14-0019897		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck and shoulder pain associated with an industrial injury date of November 30, 2007. Treatment to date has included cervical decompression surgery (7/27/10), left cervical radiofrequency ablation (2/14/12), right shoulder surgery (3/28/13), physical therapy, shoulder steroid injections, and medications which include diclofenac sodium cream, ketamine cream, and capsaicin cream. Medical records from 2013-2014 were reviewed the latest of which dated March 28, 2014 revealed that the patient continues to report increased pain in the left side of the neck with shooting pain up the back of the head, causing headaches. The pain also spreads down into the left shoulder arm, and she has numbness and tingling in the left arm and hand. However, the axial neck pain bothers her the most. She also continues to complain of worsening pain in the right shoulder. She has decreased range of motion of the shoulder although she does her stretching exercises to avoid frozen shoulder. On examination of the spine, there is spinous process tenderness of C5 and C6. Tenderness to palpation over the left facet joints at C4-5, C5-6 and C6-7. Pain elicited with facet loading of the left lower cervical spine. Range of motion for cervical flexion is limited by 50%, extension is limited by 75%, and rotation is approximately 30 degrees bilaterally. On examination of the right shoulder, there is positive impingement sign. There is decreased range of motion with forward flexion at 90 degrees, abduction at 90 degrees, adduction to approximately 20 degrees. An MRI of the right shoulder done July 10, 2012 revealed low-level cuff tendinosis and reactive bursal synovitis, early degeneration of the acromioclavicular joint. An MRI of the cervical spine done January 30, 2008 revealed some increased signal to the spine consistent with demyelination, left paracentral disc protrusion causing moderate canal stenosis, and moderate left sided foraminal narrowing at C5-6; moderate

right sided foraminal narrowing at C4-5. A utilization review from January 15, 2014 denied the request for consultation because there is no documentation of presence of calcific tendonitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONSULTATION WITH [REDACTED] FOR EVALUATION FOR TENEX PROCEDURE AND POSSIBLE ULTRASOUND OF RIGHT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pages 127, 126, and Tenex Health, <http://tenexhealth.com/explore-tenex-health/how-does-it-work>.

**Decision rationale:** As stated on pages 127, and 156 of the ACOEM Chapter on Independent Medical Examinations and Consultations, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. As stated on page 123 of the MTUS Chronic Pain Guidelines, therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of musculoskeletal injuries or for promoting soft tissue healing. According to Tenex Health, Percutaneous Tenotomy or Percutaneous Fasciotomy uses gentle ultrasonic energy designed to safely breakdown and remove the damaged tissue. The ultrasonic energy is applied with the TX MicroTip, which requires only a microincision to reach the damaged tissue; and the surrounding healthy tissue is left unharmed. The patient still reported right shoulder pain, but without new complaints. Also, the physical examination did not show worsening of the patient's condition that may warrant further consultation and additional therapeutic intervention. The medical necessity has not been established; therefore, the request is not medically necessary.