

<b>Case Number:</b>	CM14-0153675		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Surgery 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 claimant is a 43-year-old female who injured her right shoulder in a work related accident on 11/30/07 as a result of a fall at work. Following a course of failed conservative care, a shoulder arthroscopy and subacromial decompression took place. A postoperative MRI scan dated 07/10/12 showed evidence of the prior decompression, mild rotator cuff tendinosis and early degenerative changes of the acromioclavicular joint. The clinical report of 08/04/14 described continued complaints of neck pain and right shoulder pain with restricted range of motion. Physical examination of the shoulder revealed restricted range of motion to 105 degrees of abduction, positive impingement and no motor weakness. The report documented that secondary to a recent ultrasound performed of the shoulder, the claimant was a candidate for a TENEX procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided percutaneous tenotomy right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Percutaneous tenotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure

**Decision rationale:** The Official Disability Guidelines do not recommend the role of any form of dry needle procedure based on the lack of long term benefit or sustainable long term improvement noted on randomized clinical trials. Therefore, the use of this dry needle technique in the chronic setting is not supported as medically necessary.