

Case Number:	CM13-0055579		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2011
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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:

This 41-year-old gentleman was injured in a work related accident on 10/01/11. Orthopedic records that were reviewed included an 11/15/13 assessment that only discussed the claimant's low back related complaints. There was no recent clinical documentation of physical examination findings in regards to the shoulder. There is an MRI report dated 11/2011 that showed supra-scapularis tendinopathy with subacromial bursitis and fluid collection along the biceps tendon sheath consistent with tenosynovitis. The request is for an isolated left biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Bicep Tenodesis: 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), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the request for left biceps tenodesis is not typically recommended as an isolated surgical intervention. The medical records provided for review does not contain any documentation regarding recent treatment, formal physical examination findings or imaging in the past two years to support the need for this operative procedure or process. The lack of clinical information would not support the isolated request for left biceps tenodesis.