

<b>Case Number:</b>	CM14-0003304		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational 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:

The patient is an [REDACTED] employee who has filed a claim for right shoulder rotator cuff syndrome associated with an industrial injury of March 17, 2008. Thus far, the patient has been treated with medications, Gabapentin, massage, heat, cortisone injection to the bilateral shoulders, and cervical and lumbar epidural steroid injections. The patient is also status post right carpal tunnel release. A review of progress notes reports neck pain, bilateral shoulder pain, bilateral wrist pain, and low back pain. Findings include limited and painful right shoulder range of motion with slight weakness, and findings suggesting impingement on the right. MRI of the right shoulder dated April 12, 2013 showed flat and laterally down sloping acromion, osteoarthritis of the acromioclavicular joint, supraspinatus tendinosis, anchor tear, full thickness tear of the horizontal portion of biceps tendon, SLAP type II, synovial effusion, foci of increased signal to the humeral head consistent with fibrovascular change and subcoracoid bursal fluid. The utilization review dated December 17, 2013 indicates that the claims administrator denied a request for right shoulder biceps tendon repair (open RCR) as there is no clear clinical and radiographic evidence of a lesion that would benefit from surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SHOULDER BICEPS TENDON REPAIR (OPEN RCR): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211.

**Decision rationale:** As stated on pages 211 of ACOEM Low Back Chapter referenced by California MTUS, ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon and can almost always be managed conservatively because there is no accompanying functional disability. In this case, although MRI shows a full thickness tear of the horizontal part of the biceps tendon, the patient has the ability to perform relatively good shoulder and elbow ranges of motion in all planes strength. Given no clear need for biceps tendon repair, the request for right shoulder biceps tendon repair (open RCR) was not medically necessary.