

<b>Case Number:</b>	CM14-0004712		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 60-year-old male who reported an injury on 11/19/2013. The mechanism of injury was not provided for review. The injured worker was evaluated on 12/10/2013. Physical findings included decreased range of motion of the left shoulder with a positive Neer's sign and positive Hawkins' sign. A deformity was palpated over the biceps muscles. The injured worker's diagnoses included sprain/strain of the elbow and forearm and nontraumatic rupture of the tendons of the biceps. A request was made for biceps tenodesis of the left shoulder and preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TENODESIS OF THE BICEPS TENDON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Orthopedic Knowledge Update, OKU 9, Jeffrey S. Fischgrund, MD Editor Chapter 9, Perioperative Medical Management, pages 105-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for ruptured biceps tendon (at the shoulder)

**Decision rationale:** The American College of Occupational and Environmental Medicine does not recommend surgical intervention for this injury as it does not significantly impair functional status of the injured worker. However, Official Disability Guidelines recommend biceps tenodesis for patients who have failed nonsurgical treatment and require normal arm strength. The clinical documentation does indicate that the injured worker has left arm weakness and a palpable deformity over the biceps tendon. There is no documentation that the injured worker has failed to respond to conservative treatments and would require surgical intervention at this point. Additionally, guideline recommendations do not support surgical intervention for ruptured tendons of the biceps. There are no exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Tenodesis of the Biceps Tendon is not medically necessary or appropriate.

**PRE OPERATIVE MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.