

<b>Case Number:</b>	CM14-0030342		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 is a 49-year-old male claimant with an industrial injury dated 05/27/09. The patient is status post subacromial decompression as of 02/28/12. MRI left shoulder 02/07/14 provide evidence for moderate acromioclavicular DJD, undersurface osteophytosis, negative for cuff tear, tendon retraction, or muscular atrophy. X-rays of the left shoulder dated 02/07/14 demonstrated a negative exam. Exam note 02/17/14 states the patient has now undergone a cortisone injection, physical therapy, and anti-inflammatories. The physical exam demonstrated that the patient had limited strength with pain, good range of motion, tenderness along the biceps tendon and subacromial space with resisted forward flexion and external rotation. Exam note 02/12/14 also states that the patient has he has undergone all the conservative treatments before going forth with the shoulder surgery that is suggested as treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left diagnostic Arthroscopy with probable decompression, Tenotomy with Tenodesis of the biceps tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines ,shoulder chapter ,Surgery for impingement syndrome

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Biceps Tenodesis,

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, Criteria for tenodesis of long head of biceps include subjective clinical findings including objective clinical findings. In addition there should be imaging findings. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case the MRI from 2/7/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. In addition there is lack of evidence of conservative care for the left shoulder from the exam notes from 2/17/14 specifically for the left shoulder. Therefore the request is not medically necessary.

**Physical Therapy 3 x 4 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.