

Case Number:	CM15-0101473		
Date Assigned:	06/03/2015	Date of Injury:	08/14/2012
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 31-year-old female, who sustained an industrial injury on August 14, 2012. She reported an injury to her left shoulder and was diagnosed with a left shoulder strain. Treatment to date has included MRI of the left shoulder, left shoulder surgery, physical therapy, home exercise program, and modified work. Currently, the injured worker complains of continued left shoulder pain and she reports that she had 50% pain relief from the injection she received. The evaluating physician noted that his recommendation was for the injured worker to have left arthroscopic biceps tendon resection and coracoplasty due to her chronic biceps tendonitis. The evaluating physician notes that she has coracoid impingement. The diagnoses associated with the request include chronic biceps tendonitis and coracoid impingement. The treatment plan includes left shoulder arthroscopic biceps tendon resection and coracoplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder biceps tendon resection, coracoplasty: Upheld

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

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of biceps tenodesis/tenotomy. 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 worker was found to be permanent and stationary at the most recent QME. There is no imaging evidence of a complete tear of the biceps tendon to warrant addressing it surgically. Based on this the request is not medically necessary.