

<b>Case Number:</b>	CM15-0131947		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 46 year old male who sustained an industrial/work injury on 8/21/13. He reported an initial complaint of pain to head, right shoulder, and arm pain. The injured worker was diagnosed as having mechanical lumbar spine pain, right shoulder tendinitis/impingement syndrome, rule out internal derangement, status post head trauma (resolved). Treatment to date includes medication, chiropractic treatment, and diagnostics. MRI results were reported on 4/18/14 of the right shoulder reporting complete tear of the supraspinatus tendon with 6 mm tendinous retraction, acromioclavicular osteoarthritis, subchondral cyst of humeral head, supraspinatus, infraspinatus, bicipital, and subscapular tendinitis. Currently, the injured worker complained of right shoulder and lower back pain rated 6-8/10 and having difficulties with activities of daily living. Per the primary physician's report (PR-2) on 5/20/15, exam noted normal heel to toe gait pattern, palpable clicking about the AC joint, positive supraspinatus test, positive drop arm test, and positive Hawkin's test. At low back, there is ongoing tenderness at the level of L3 to S1, positive Kemp's test, straight leg raising was provocative for low back pain, and decreased sensation on the right L5-S1 dermatomal distribution. The requested treatments include right shoulder arthroscopy, SAD, rotator cuff repair, possible biceps tenodesis, assistant surgeon, Medical clearance, and post-operative physical therapy 3 times a week for 4 weeks, right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, SAD, rotator cuff repair, possible biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**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. 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 4/18/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the request is not medically necessary.

**Assistant surgeon:** 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) shoulder.

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

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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

**Post-operative physical therapy 3 times a week for 4 weeks, right shoulder:** 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) shoulder.

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