

<b>Case Number:</b>	CM15-0143502		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Minnesota, Florida  
 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 22 year old female who sustained an industrial injury on 6-2-14. The mechanism of injury was unclear. She currently complains of severe left shoulder pain that she cannot work. On physical exam there was exquisite tenderness to palpation over the biceps, positive Speed and impingement tests. Medications were not identified. Diagnoses include left shoulder impingement; left shoulder biceps tendinitis; left shoulder rotator cuff tendinitis. Diagnostics include MRI left shoulder (7-28-15) showing tendinosis. In the progress note dated 6-27-15 the treating provider's plan of care includes a request for left shoulder scope, subacromial decompression, rotator cuff debridement, biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder scope/ subacromial decompression, rotator cuff debridement, biceps tenodesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps tenodesis.

**Decision rationale:** The injured worker is a 22-year-old female with a date of injury of 6/2/2014. She complains of left shoulder pain. On examination there is tenderness to palpation over the biceps and positive impingement testing as well as Speed's. MRI scan dated 7/28/2014 revealed tendinosis of the supraspinatus and infraspinatus tendons with attenuation and intermediate to high-grade articular surface disruption and fraying. No evidence of a transmural tear. Type I acromion with moderate lateral downward inclination. The disputed issue pertains to a request for left shoulder arthroscopy, subacromial decompression, rotator cuff debridement and biceps tenodesis. The California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. Conservative treatment including cortisone injections can be carried out for at least 3-6 months before considering surgery. The guidelines recommend 2- 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears. In this case, the injured worker has failed conservative treatment with injections as well as physical therapy. Therefore, arthroscopy with subacromial decompression is appropriate and medically necessary. The guidelines recommend debridement of partial-thickness rotator cuff tears and as such the request for debridement is appropriate. With respect to the request for biceps tenodesis, ODG guidelines are used. The guidelines indicate 3 months of conservative treatment and biceps tenodesis for type II and type IV SLAP lesions in patients over 40 years of age. Under age 40 a SLAP repair is recommended. The request as stated is for biceps tenodesis in a 22-year-old female. As such, the request for biceps tenodesis is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.