

<b>Case Number:</b>	CM15-0181963		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Oregon, Washington  
 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 54 year old male who sustained an industrial injury on 9-3-2013. A review of medical records indicates the injured worker is being treated for status post left shoulder arthroscopy with limited debridement of glenohumeral joint along with subacromial decompression and synovectomy. Medical record dated 7-29-2015 noted he was about four months out of surgery with a history of previous left shoulder arthroscopy with debridement and subacromial decompression and subpec biceps tenodesis, now with bicipital tendinosis. Physical examination noted tenderness in the biceps area. His forward flexion is about 90 degrees; abduction was about 70 degrees, external rotation 30 degrees. Passively he was able to elevate about 120 degrees. Treatment has included surgery, injections, anti-inflammatories, steroids, and physical therapy. Utilization review form dated 8-20-2015 non-certified Left open sub pectoral biceps tenotomy, pre-operative clearance, and post op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Open Subpectoral Biceps Tenotomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online edition, Criteria for surgery for bicep tenodesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for tenodesis of long head of biceps.

**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 there is no MRI that demonstrates evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. This patient has undergone a biceps tenodesis. There is no indication for biceps tenotomy after biceps tenodesis. Therefore the request is not medically necessary.

**Pre-op 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op Physical Therapy x8:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.