

<b>Case Number:</b>	CM15-0023754		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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  
 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 57 year old female, who sustained a work related injury on 12/16/14. The diagnoses have included proximal rupture of the right long head of the biceps. Treatments to date have included MRIs of right shoulder and upper arm, rest, oral medications and activity modification. MRI right shoulder 12/30/14 demonstrates proximal rupture of the long head of the biceps with retraction to the mid humeral level. In the PR-2 dated 1/13/15, the injured worker complains of cramping and discomfort in the brachial area. She has right shoulder pain. She has some tingling in the right forearm. On 1/21/15, Utilization Review non-certified a request for a right biceps tendonesis repair. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right biceps tenodesis repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9 - 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery for Ruptured Biceps tendon.

**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 an incomplete tear of the proximal biceps tendon. In this case the MRI from 12/30/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the determination is for non-certification.