

Case Number:	CM15-0047311		
Date Assigned:	03/19/2015	Date of Injury:	12/26/2014
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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: Illinois, California, Texas
 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 56-year-old female sustained an industrial injury to the right upper extremity on 12/26/14. Injury occurred when she was putting pans back into an oven, and felt a pop and noticed a bunched up muscle in her arm. Conservative treatment included physical therapy, activity modification, anti-inflammatory medication, and topical creams. The 12/31/14 right upper extremity MRI impression documented tendon rupture of the long head of the biceps tendon. The short head of the biceps tendon was attached and the distal tendon attachment to the radial tuberosity appeared intact. The 2/2/15 physical therapy progress report indicated the patient had completed 9 visits and was making progress with improved range of motion and strength. The patient was unable to complete lifting required for work. Additional therapy was recommended. The 2/3/15 treating physician report indicated that the patient wanted surgical repair. Physical exam documented normal bilateral shoulder and arm range of motion with positive impingement signs both shoulders. Right shoulder exam documented tenderness to palpation over the bicipital groove, palpable bunched-up muscle on the long head tendon, and decreased strength on supination on the right. Current diagnoses included proximal biceps tendon tear. The treatment plan requested authorization for repair/reattachment of the long head of the biceps, i.e. tenodesis, on the right. The injured was working light duty as a cook. The 2/25/15 utilization review non-certified the request for repair/reattachment of the long head of the right biceps as there was no specific significant functional deficits limiting the patient from returning to normal job duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair/reattachment of the long head of the biceps, i.e. tenodesis - right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Criteria for Surgery for Biceps tenodesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: The California MTUS guidelines state that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reason, especially for young bodybuilders, but is not necessary for function. The Official Disability Guidelines do not recommended surgery for ruptured biceps tendon at the shoulder. Guidelines state that surgery is almost never considered in full thickness ruptures. Guideline criteria have not been met. This patient is a 56-year-old with a diagnosis of complete rupture of the proximal biceps tendon. She has returned to light duty work but reports difficulty with full duty lifting requirements. Physical therapy was initiated with improvement documented and additional therapy recommended. There is no compelling reason to support the medical necessity of surgery for this patient in the absence of guideline support and with no documentation that comprehensive conservative treatment has failed. Therefore, this request is not medically necessary.