

<b>Case Number:</b>	CM14-0147878		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female with an industrial injury dated 08/11/06. The patient is status post two right shoulder surgeries with residual pain. An exam note of 06/02/14 states the patient returns with right shoulder pain. Upon physical examination the right shoulder abduction measure 150' and there was tenderness surrounding the area. The patient also had a positive provocative testing for impingement. X-rays demonstrate that there is evidence of acromioplasty and Mumford procedure consistent with a rotator cuff repair. The patient underwent a steroid injection which did help with pain relief for three weeks. Treatment includes a right shoulder arthroscopic biceps tendon release/resection and coracoplasty due to chronic biceps tendinitis/instability and coracoid impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic biceps resection, coracoplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, Shoulder, Surgery for ruptured biceps tendon, Criteria for tenodesis of long head of biceps include subjective clinical findings including objective clinical findings. In addition there should be imaging findings. A criterion for tenodesis of long head of biceps includes diagnosis of complete tear of the proximal biceps tendon. In this case the MRI from 6/2/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the case is considered not medically necessary.