

<b>Case Number:</b>	CM14-0162791		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 claimant is a 44-year old individual who sustained an injury to the right shoulder when he fell on 10/22/12. The medical records provided for review documented that, following a course of conservative care, the claimant underwent an arthroscopic rotator cuff repair of the right shoulder in February, 2013. The report of a postoperative MRI scan dated 01/08/14, revealed evidence of rotator cuff anchors in place with partial thickness, articular surface tearing of the supraspinatus but no re-tearing noted. There was evidence of prior subacromial decompression and resection of prior distal clavicle excision. There were no noted inflammatory changes at the labrum or bicep tendon. Subsequently, the claimant underwent a second operative procedure for revision repair in February, 2014. The report of the office visit dated 08/25/14 revealed continued right shoulder pain with examination findings showing tenderness over the bicep tendon. There was 95 degrees of abduction and full passive range of motion. Working assessment was biceps tendinopathy. The recommendation was made for right shoulder arthroscopy and open bicep tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy, open biceps tendonesis:** 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), Shoulder, Diagnostic arthroscopy

**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 Chapter, Surgery for ruptured biceps tendon (at the shoulder)

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder arthroscopy for isolated bicep tenodesis would not be indicated. The medical records reveal that the claimant has undergone two prior surgical processes. There is no documentation of postoperative imaging after the second, most recent surgery in February, 2014, available for review. The claimant's January 2014 MRI scan shows no evidence of bicipital findings. The request for operative intervention based on the claimant's physical examination findings alone would not be supported. The third surgical process for this claimant's right shoulder would not be indicated.