

<b>Case Number:</b>	CM15-0107459		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Indiana, Oregon  
 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 43 year old male, who sustained an industrial injury on 5/23/2014. He reported hearing a pop in his right arm, along with pain. Diagnoses have included biceps tendinitis, right shoulder recurrent rotator cuff tear, subacromial impingement syndrome and acromioclavicular arthropathy. Treatment to date has included magnetic resonance imaging (MRI) and medication. The injured worker underwent right shoulder arthroscopic subacromial decompression, Mumford procedure, rotator cuff repair and resection of the long head of the biceps tendon on 4/3/2015. According to the progress report dated 3/4/2015, the injured worker complained of being unable to raise his right shoulder over shoulder height and being unable to externally rotate his arm. He reported that the shoulder pain kept him awake on a nightly basis. He was taking Motrin, which bothered his stomach, and Percocet which helped. Exam of the right shoulder revealed decreased range of motion. There was tenderness over the anterior aspect of the acromion, over the biceps tendon and over the acromioclavicular joint. He had a positive speed test, positive impingement test and positive Hawkin's sign. He had very weak external rotation. Authorization was requested for biceps tendon resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biceps tendon resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of biceps tenodesis/tenotomy. 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, the operative report from 4/3/15 does not demonstrate complete tear of biceps tendon requiring debridement or tenodesis. Based on this the request is not in keeping with guidelines and is not medically necessary.