

<b>Case Number:</b>	CM15-0113721		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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 61 year old male who sustained an industrial injury on 11/19/12. The injured worker was diagnosed as having sprain/strain cervical spine, biceps tendon tenosynovitis right arm, strain/sprain lumbar spine, left knee oblique tear and left heel plantar fasciitis. Currently, the injured worker was with complaints of discomfort in the spine, right shoulder, left shoulder and left knee. Previous treatments included status post right shoulder arthroscopic subacromial decompression, Mumford and labral debridement (4/7/14), medication management and activity modification. Previous diagnostic studies included radiographic studies, a magnetic resonance imaging, and electromyography and nerve conduction velocity study. The plan of care was for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopic subacromial decompression, Mumford and biceps tenodesis:**  
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. 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 MRI from 12/18/14 does not demonstrate evidence that the biceps tendon is torn sufficiently to warrant tenodesis. Therefore the request is not medically necessary.