

<b>Case Number:</b>	CM15-0099573		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 (IW) is a 58-year-old female who sustained an industrial injury on 11/22/2011. Diagnoses include chronic biceps tendinitis. The MRI of the right shoulder dated 3/3/15 showed mild glenohumeral joint arthritis and moderate acromioclavicular arthritis; mild supraspinatus tendinosis; moderate infraspinatus tendinosis and intrasubstance laminar tear. Treatment to date has included medications, physical therapy, steroid injection, TENS unit, acupuncture, home exercise, pain psychology and arthroscopic surgery. According to the progress report dated 4/16/15, the IW reported right shoulder pain worsening over the last few months. On examination, range of motion (ROM) was good but the IW grimaced with discomfort. There was tenderness over the proximal long head of the biceps tendon. A request was made for outpatient arthroscopic biceps tendon resection right shoulder at the [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Arthroscopic Biceps Tendon Resection Right Shoulder** [REDACTED]

[REDACTED]: 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), Indications for Surgery: Ruptured Biceps Tendon Surgery.

**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 3/3/15 does not demonstrate evidence that the biceps tendon or its anchor are partially torn or frayed to warrant tenotomy. Based on this the request is not medically necessary.