

Case Number:	CM13-0068113		
Date Assigned:	02/05/2014	Date of Injury:	12/03/2012
Decision Date:	06/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This is a 49-year-old male who was injured on 12/03/12. An 11/26/13 progress report notes that the injured worker was there for a follow-up for right distal biceps pain, and that a steroid injection to the distal biceps three weeks prior had provided no significant benefit. Physical examination was documented to show no swelling or edema, full range of motion, pain and tenderness over the distal biceps insertion, and adequate strength. The impression was distal biceps tendon tearing; however, an MRI showed evidence of bicipital tendinosis, but no indication of acute tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT DISTAL BICEPS TENDON REPAIR, RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Neither the California ACOEM/ MTUS guidelines nor the Official Disability Guidelines recommend the request for surgery to repair the biceps tendon. This

individual has tendinosis of the biceps tendon, but no indication of tearing per the imaging report. The absence of imaging demonstrating an acute tear or injury would fail to support the need for operative intervention in this individual's chronic course of care. As such, the request is not medically necessary.