

Case Number:	CM14-0001064		
Date Assigned:	01/22/2014	Date of Injury:	11/29/2012
Decision Date:	06/12/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 55-year-old gentleman who injured his bilateral upper extremities in a work related accident on 11/29/12. The clinical records provided for review include a follow up report on 12/09/13 noting continued complaints of left shoulder pain with pain into the scapula. There were also complaints of numbness of the entire left upper extremity. The left distal biceps tendon on examination had tenderness to palpation, and limited range of motion of both the elbow and the left shoulder. There was diminished sensation in a left median and ulnar nerve distribution. The 03/26/13 report of an MRI of the left elbow demonstrated a partial thickness tear of the distal biceps tendon. It was documented that electrodiagnostic studies from 04/24/13 showed bilateral median neuropathy at the carpal tunnel. The recommendation was made for a carpal tunnel release, cubital tunnel release and distal biceps tendon repair. Utilization review process supported the need for both carpal and cubital tunnel release. There is a current request for the distal biceps tendon repair as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISTAL BICEPS REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18. Decision based on Non-MTUS Citation ODG-TWC Elbow Procedure Summary, updated 5/7/2013.

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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for ruptured biceps tendon (at the elbow).

Decision rationale: California MTUS ACOEM Elbow 2007 Guidelines and supported by the Official Disability Guidelines would not recommend distal biceps tendon repair as medically necessary. The Guidelines recommend confirmation of acute tearing confirmed by imaging and physical examination. In this instance, this injured worker is now nearly 18 months from time of injury with no indication of full thickness distal biceps tendon rupture or examination findings consistent with rupture. The acute need of a distal biceps tendon repair at this stage in the claimant's chronic course of care would not be supported. Distal biceps repair is not medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, updated 5/10/2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The proposed distal biceps repair is not recommended as medically necessary; therefore, the request for medical clearance is not necessary.