

Case Number:	CM14-0106319		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2012
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 41-year-old gentleman injured in a work-related accident on October 30, 2012. The clinical records available for review include a June 19, 2014, progress report describing chronic complaints of elbow pain. The claimant is noted to have failed conservative care, including physical therapy and medication management. The treating physician references a recent MRI scan, which is stated to demonstrate findings of tearing, as opposed to chronic tendinosis. The formal MRI report was not provided for review; no additional imaging findings were referenced. Documentation of physical exam findings is not provided. This request is for: a distal biceps tendon resection and repair with possible use of allograft tendon; assistant surgeon; preoperative complete blood count; preoperative basic metabolic panel; preoperative EKG; preoperative chest X-ray; and 12 post-operative sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left distal biceps repair versus reconstruction: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, Elbow Procedure.

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, Surgery of the Biceps would not be indicated. Under The Official Disability Guidelines, surgery of the distal biceps is not recommended in settings of partial thickness tearing or if three or more months have elapsed since the time of injury. While this claimant is noted to have chronic complaints, the reviewed records do not document acute clinical finding at the biceps tendon. In addition, more than two years has elapsed since initial injury. For these reasons, the request for surgical treatment for a partial tear or inflammatory tendon changes at this sub-acute stage post-injury would not be supported as medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines, Tenodesis of Biceps Tendon at Elbow (separate procedure) Reinsertion of Ruptured Biceps or Triceps Tendon, Distal, with, or without Tendon Graft.

Decision rationale: The request for Left Distal Biceps Repair vs. Reconstruction is not established as medically necessary. Therefore, this request for a preoperative complete blood count is not medically necessary.

Preoperative Complete Blood Count (CBC): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Distal Biceps Repair vs. Reconstruction is not established as medically necessary. Therefore, this request for a preoperative complete blood count is not medically necessary.

Preoperative Basic Metabolic Panel (BMP): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Distal Biceps Repair vs. Reconstruction is not established as medically necessary. Therefore, this request for a preoperative basic metabolic panel is not medically necessary.

Preoperative Electrocardiogram (EKG): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Distal Biceps Repair vs. Reconstruction is not established as medically necessary. Therefore, this request for a preoperative EKG is not medically necessary.

Preoperative Chest Radiograph (X-Ray): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for Left Distal Biceps Repair vs. Reconstruction is not established as medically necessary. Therefore, this request for a preoperative chest X-ray is not medically necessary.

Postoperative physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for left distal biceps repair versus reconstruction is not established as medically necessary. Therefore, this request for 12 sessions of post-operative physical therapy is not medically necessary.