

<b>Case Number:</b>	CM14-0027561		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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:

This 25-year-old male sustained an industrial injury on 9/29/12. The mechanism of injury is not documented. The patient was diagnosed with a closed fracture dislocation of the elbow and distal biceps rupture. He underwent biceps repair surgery. The 1/31/14 left elbow MRI documented an old fracture of the proximal radius with approximately 25 degrees of angulation, unchanged from prior study. Post-operative changes were noted in the distal biceps tendon with 2 cm of proximal retraction of the tendon. The patient was diagnosed with failed left biceps tendon repair. Records indicated the patient had a frozen left elbow with failed biceps repair. The 1/6/13 treating physician appeal of a surgical denial stated that the patient had a distal biceps tendon rupture. The left elbow was bothersome, weak and painful. The incision was well-healed, keloided and spread a little bit, but the proximal tendon could be felt. The patient was very sad regarding the denial and started smoking again, previously he had cut down significantly. The 2/13/14 utilization review denied the request for left biceps repair with allograft, stem cells, and associated services as there was no documentation of functional limitations or objective range of motion or strength findings to support the medical necessity of surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT DISTAL BICEPS REPAIR WITH ALLOGRAFT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, Chapter 9, Shoulder Complaints, pages 560-561.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 39.

**Decision rationale:** The California MTUS updated ACOEM Elbow guidelines state that surgery for a ruptured bicep is required in most employed patients and is recommended. Outcomes appear much better with surgery as this muscle is the main forearm flexor. Guideline criteria have been met. This 25-year-old male failed a primary biceps repair with imaging evidence of distal biceps tendon retraction. There was marked loss of elbow range of motion. Therefore, this request for left distal biceps repair with allograft is medically necessary.

**WITH STEM CELLS:** 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), Shoulder, Stem Cell Autologous Transplantation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Stem cell autologous transplantation.

**Decision rationale:** The California MTUS is silent regarding stem cell use. The Official Disability Guidelines state that stem cell autologous transplantation is under study with some initial promise from lower quality studies, and may be effective for the treatment of tendinopathy. The use of stem cells for the proposed indication is under study with no clear evidence based medical support at this time. Therefore, this request for stem cell use is not medically necessary.

**ASSISTANT SURGEON:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is

usually necessary. For this requested surgery, CPT Code 24342, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.

**INPATIENT 1-2 DAYS:** 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), Elbow, Hospital Length Of Stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on the type of surgery, or best practice target LOS for cases with no complications. Repair of the biceps tendon does not appear on the list of elbow procedures supported for in-patient care, therefore would be considered an out-patient procedure. There is no compelling reason submitted by the treating physician to support the medical necessity of hospital admission for this procedure. Therefore, this request for inpatient length of stay is not medically necessary.

**PRE-OP MEDICAL CLEARANCE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on smoking status, magnitude of surgical procedure, and risks of undergoing anesthesia. Therefore, this request for pre-op medical clearance is medically necessary.