

<b>Case Number:</b>	CM14-0190971		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Minnesota. 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 injured worker is a 31 year old male with a history of injury to the left elbow while doing training exercises on 9/24/2014. He felt a pop in his elbow associated with deep pain. He reported to the emergency room and a ruptured distal biceps tendon was suspected and the arm splinted. On 10/16/2014 an MRI scan confirmed the biceps tendon rupture at the insertion. The tear was reported to be complete. Surgery was certified by UR but there is no documentation that it was performed. On 10/22/2014 per addendum to the MRI report the torn tendon was reported to be retracted proximally by 7 cm. On November 6, 2014 examination by a different provider revealed range of motion 10-130 degrees in the left elbow and strength 4/5 as he flexed and extended the left elbow compared to the right. Past history was remarkable for a rotator cuff repair but no other health issues were documented. The disputed issues pertain to a request for preoperative BMP, Urinalysis, Chest X-ray, EKG, Vicodin with no dosage or quantity, and Norco with no dosage or quantity listed. All of the above were non-certified by UR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative BMP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: elbow, Topic: BMP

**Decision rationale:** California MTUS does not address this issue. Official Disability Guidelines (ODG) guidelines are therefore used. BMP or bone morphogenetic protein is used to promote bone growth in spine fusions but is not recommended for reattachment of the biceps tendon to the radial tuberosity. According to recent studies its use is not recommended because of the possibility of causing cancer. Therefore the request for BMP was not medically necessary per guidelines.

**Pre-operative urine analysis (UA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative testing

**Decision rationale:** California MTUS does not address this issue. The Official Disability Guidelines (ODG) guidelines indicate a preoperative urinalysis is not necessary in the absence of co-morbidities or findings on history or physical examination that may represent a medical indication. The documentation does not support the need for a urinalysis. Therefore the guidelines do not support the medical necessity of the request.

**Pre-operative chest x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative testing

**Decision rationale:** California MTUS does not address this issue. In the absence of documented co-morbidities or findings on history or examination Official Disability Guidelines (ODG) guidelines do not recommend a pre-operative chest x-ray. Therefore the request was not medically necessary per guidelines.

**Pre-operative EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Preoperative EKG

**Decision rationale:** Official Disability Guidelines (ODG) guidelines do not recommend a routine electrocardiogram (EKG) in a 31 year old male with no history of cardiovascular issues who is undergoing low risk out-patient orthopedic surgery. Based upon the guidelines the request for an EKG was not medically necessary.

**Vicodin (dosage and quantity not listed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids, Vicodin Page(s): 91.

**Decision rationale:** The request as stated does not mention the dose or quantity. Therefore it was not medically necessary per guidelines.

**Norco (dosage and quantity not listed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco Page(s): 91.

**Decision rationale:** The request as stated does not include the dose or quantity. As such, it was not medically necessary per guidelines.