

Case Number:	CM15-0103778		
Date Assigned:	06/08/2015	Date of Injury:	09/24/2014
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 who sustained an industrial injury on September 24, 2014. He has reported injuries to the left arm and has been diagnosed with biceps tendon tear complete with approximately 7 cm from the radial tuberosity and left elbow pain. Treatment has included medical imaging and medications. There was a decrease in left elbow flexion to a 4/5 as he flexed the left elbow against resistance as compared to the right elbow. There is a decrease in supination strength to a 4/5 as he supinated the left forearm against resistance as well. The treatment request included surgical repair of the distal biceps rupture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Repair of Distal Biceps Rupture (Left): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of distal biceps tendon repair. Per ODG, Elbow section, Surgery for ruptured biceps tendon (at the elbow), "Criteria for reinsertion of ruptured biceps tendon with diagnosis of distal rupture of the biceps tendon: All should be repaired within 2 to 3 weeks of injury or diagnosis. A diagnosis is made when the physician cannot palpate the insertion of the tendon at the patient's antecubital fossa. Surgery is not indicated if 3 or more months have elapsed." In this case the injury is nearly nine months old. Surgical repair is not recommended by the guideline for neglected ruptures and the request is not medically necessary.