

<b>Case Number:</b>	CM14-0217801		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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  
 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 44 year old male with a date of injury as 12/03/2014. The cause of the injury occurred when the worker was lifting a pallet and felt a sudden sharp pain in the left arm. The current diagnoses include strain of left forearm and upper arm and partial tear of left bicep muscle/tendon. Previous treatments included medications. Orthopedic initial consultaton dated 12/05/2014, x-ray report dated 12/03/2014, occupational injury status reports dated 12/03/2014 and 12/05/2014 were included in the documentation submitted for review. Report dated 12/05/2014 noted that the injured worker presented with complaints that included left arm pain. A detailed physical examination was not provided. The physician noted that the injured worker needed urgent surgery, but an explanation for the needed surgery was not provided. Radiographs of the left forearm showed soft tissue swelling with no definite acute fractures or subluxations. The injured worker is not working. The utilization review performed on 12/11/2014 non-certified a prescription for urgent left elbow biceps tendon reattachment based on the clinical information provided. The reviewer referenced the ACOEM guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow bicep tendon reattachment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow, Surgery for ruptured biceps tendon (at the 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 there is insufficient evidence of a distal biceps tendon rupture from the records of 12/5/14. Therefore the determination is for non-certification.