



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: December 22, 2009

IRO Case #:

**Description of the services in dispute:**

Preauthorization – Distal biceps tendon repair, CPT codes #24310 and #24305.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.**

Medical necessity does not exist for the requested distal biceps tendon repair.

**Information provided to the IRO for review**

**Records Received From The State:**

Confirmation of receipt of a request for review by an IRO, 12/7/09, 5 pages

Request for review by an IRO, 12/4/09, 2 pages

Request for service, 12/8/09, 1 page

Request for review by an IRO, 12/4/09, 3 pages

Notice of case assignment, 12/8/09, 1 page

Patient note, 12/3/09, 3 pages

Patient note, 11/3/09, 3 pages

Patient note 10/15/09, 2 pages

X-ray report, 10/15/09, 1 page

Notification of Workers' Compensation referral, 9/16/09, 1 page

Patient note, 9/16/09, 1 page

MRI report, 9/8/09, 2 pages

Records Received From Law Office:

Carrier submission note, 12/10/09, 6 pages

Records From The Treating Physician:

Imaging report, 11/5/09, 1 page

Chart note, 10/15/09, 3 pages

Work status report, 10/8/09, 1 page

Patient note, 9/11/09, 1 page

MRI report, 9/8/09, 2 pages

Work status report, 6/15/09, 1 page

Work status report, 6/22/09, 1 page

Patient note, 7/1/09, 2 pages

Progress note, 7/9/09, 1 page

Progress note, 7/28/09, 1 page

Progress note, 7/30/09, 1 page

Progress note, 8/3/09, 2 pages

Progress note, 8/4/09, 2 pages

Progress note, 8/6/09, 2 pages

Work status report, 8/11/09, 1 page

Patient note, 8/11/09, 1 page

Department of Labor and Industries Medical Treatment Guidelines, undated, 2 pages

ODG -TWC Guidelines, elbow, 12/10/09, 100 pages

ODG - TWC Guidelines, Pain, 12/8/09, 369 pages

**Patient clinical history [summary]**

The patient is a male with injury to the elbow, which occurred while raising a hood of a truck. The note dated 6/15/09 states that the patient felt a pop in the elbow on xx/xx/xx. He had tenderness of the biceps on exam. Therapy, medications and activity modification was prescribed. Patient had pain with supination. The exam on 8/11/09 showed palpable knot over the forearm distal to the antecubital fossa. MRI on 9/8/09 showed chronic distal biceps rupture. The patient had weakness. Surgery was recommended. On 10/15/09, patient had pain with supination with 4/5 supination strength. The patient was diagnosed with arthritis of the elbow and Dr. recommended possible surgery. On 11/11/09, the patient underwent preoperative clearance of surgery. Peer review by one physician recommended against repair, due to the retraction and chronic nature of the injury. Another peer review recommended against repair due to the chronicity of the injury.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The distal biceps repair is not medically necessary. The injury was at least 6–7 months ago. It will

not be possible to repair the biceps back to the tuberosity due to the chronicity of the injury. In addition, the functional loss is minimal with mild supination weakness. The ODG does not allow for this surgery if it is chronic injury. Furthermore, the patient is xx years old. A chronic repair is not likely to result in improved functional outcome. The morbidity associated with a chronic repair, the lack of reliable functional improvement with chronic repair and the patient's age are factors that indicate that the surgery is not medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

Surgery for ruptured biceps tendon (at the elbow):

Recommended as indicated below. Surgery may be an appropriate treatment option for tears in the distal biceps tendons (biceps tendon tear at the elbow) for patients who need normal arm strength. Nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendons (biceps tendon tear at the shoulder). (Mazzocca, 2008) (Chillemi, 2007) (Rantanen, 1999)

ODG Indications for Surgery -- Ruptured biceps tendon surgery:

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. (Washington, 2002)