

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: November 1, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient repair versus augmentation of right distal biceps tendon

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Dr.

- Office visits (06/23/09 – 09/30/10)
- Diagnostic study (09/26/10)
- Office visits (06/23/09 – 09/30/10)
- Diagnostic (09/26/10)
- Utilization reviews (10/08/10 – 10/20/10)

TDI

- Utilization reviews (10/08/10 – 10/20/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who developed mild swelling about the right elbow while lifting a motor on xx/xx/xx. The motor was not particularly heavy but his awkward position caused the injury.

2009: On June 23, 2009, M.D., an orthopedic hand surgeon, evaluated the patient for popping in the right elbow. Dr. noted the following treatment history:

“The patient had some initial pain which resolved. Dr. obtained magnetic resonance imaging (MRI) that showed some fluid intensity involving the triceps tendon at its attachment to the olecranon. The findings were interpreted as a partial intrasubstance tear of the triceps tendon. Clinically, the patient showed tenderness related to the lateral border of the proximal radius near the proximal radioulnar joint with clicking and popping in pronation and supination.” Examination of the right upper extremity showed audible, palpable click and pop with the elbow and flexion and extension. Dr. noted the patient was asymptomatic except for popping and clicking and assessed maximum medical improvement (MMI). He opined that the patient might develop some posttraumatic arthritis or limited motion at a later date. He released the patient to full work without activities.

2010: On September 14, 2010, Dr. evaluated the patient for anterior right elbow pain. The patient stated that approximately six months ago he started having anterior elbow pain mostly over the biceps tendon. Over time the pain had gotten gradually worse and kept him up at night and pain while trying to lift up. History was positive for high blood pressure, arthritis and right knee surgery. Examination showed swelling over the anterior aspect of the right elbow with tenderness along the biceps tendon to its insertion, positive hook test, pain elicited with resisted supination and pronation and pain with resisted flexion. Dr. assessed right biceps tendinopathy and obtained an MRI that revealed an avulsion of the biceps tendon from its insertion on the tuberosity of the radius with approximately 2 cm of retraction and some surrounding edema in the soft tissue of the proximal forearm. Dr. discussed surgical and nonsurgical options and the patient elected to go with surgical repair. Dr. requested for repair versus augmentation of right distal biceps tendon.

Per utilization review dated October 8, 2010, the request for repair versus augmentation of right distal biceps tendon was denied with the following rationale: *“Based on evidence-based ODG guidelines, the request for the proposed biceps tendon repair cannot be deemed medically necessary at this time. In this case, there is noted to be an avulsion from the distal biceps for which the claimant sustained nearly two years ago without taking initial surgical treatment. Evidence-based literature does not support the role of surgical fixation for distal biceps tendon injury if greater than three or more months have elapsed since the time of injury. Based on the above, the request for the proposed surgery cannot be deemed medically necessary due to the chronicity of the claimant’s complaints. Because an adverse determination for surgery has been rendered, an adverse determination for any associated pre-operative clearance is also rendered.”*

Per reconsideration review dated October 20, 2010, the appeal for outpatient repair versus augmentation of the right distal biceps tendon was denied with the following rationale: *“There was no peer-to-peer discussion with treating physician, Dr.. The evidence-based Official Disability Guidelines (ODG) generally do not recommend surgery for chronic biceps tendon ruptures. They generally state that anything over three months does not result in satisfactory long-term improvement. The records document that the injury occurred in. Furthermore the records documented this gentlemen had been doing well for quite some time after his injury. More recent notes document biceps disruption on an MRI scan with surrounding edema but do not necessarily identify this as*

being acute and/or chronic. This particular case is somewhat complicated in the sense that there appears to be an old injury, and the question is whether or not there is a more recent injury superimposed on this and how it might impact long-term treatment. Without the knowledge of the status of this gentleman leading up to the more recent onset of symptoms and/or whether or not there was a new injury versus a chronic problem, the recommendation for surgery cannot be considered medically reasonable or medically necessary in this setting. The assumption is based on the record that this is a chronic injury. Because an adverse determination for surgery has been rendered, an adverse determination for any associated pre-operative clearance is also rendered.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

A magnetic resonance imaging study is the most sensitive and specific tool available that may demonstrate objectively any potential pathoanatomy related to the alleged work-compensable injury. Following the established DOI, the initial MRI found evidence only of signal change in the triceps tendon, possibly related to a strain or partial tear. The triceps tendon is on the polar opposite side of the elbow from the biceps tendon, the latter of which was not identified as having any particular abnormality, or any symptoms or clinical findings consistent with injury to the biceps tendon.

About 21 months after the original DOI, the claimant presents with a 6 month history of a new onset of anterior elbow pain. The second MRI revealed new findings of a lesion involving the proximal biceps tendon, with the triceps tendon now being unremarkable.

The proximal biceps tendon lesion is clearly unrelated to the original work-compensable injury date of xx/x/xx. It appears that the claimant stated the biceps-related symptoms began about 15 months after the original DOI. Surgery is not indicated for this condition from a work-compensable standpoint alone.

However, even if one were to analyze the necessity for repair of the biceps tendon assuming compensability, the ODG criteria are clear:

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)
	<p><u>ODG Indications for Surgery™ -- Ruptured biceps tendon surgery:</u> 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)</p>

It appears that the reviewers have identified the clinical situation and the ODG criteria accurately, and have rendered opinions appropriately and in accordance with evidence-based standards promulgated by ODG.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**