

Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: November 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

bicep tendon repair and possible augmentation

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

M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG-TWC

Preauthorization review request for authorization biceps tendon repair with possible tendon graft – denied 09/27/11

Preauthorization reconsideration request for authorization biceps tendon repair with possible tendon graft – upholding previous denial, 10/10/2011

Progress records Dr. 09/30/10, 09/20/10, 09/14/10, and 06/23/09

X-rays three views right elbow 09/20/11

MRI right upper extremity joint 09/26/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a lifting injury on xx/xx/xx. He was lifting a motor that was not particularly heavy but in an awkward position and caused mild swelling about the right elbow. Progress record dated 06/23/09 indicated the claimant was asymptomatic except for popping and clicking with elbow in flexion and extension but not pronation or supination or varus / valgus stress. The claimant was felt to not have any symptoms at this time and was determined to have reached maximum medical improvement. The claimant was not seen again until over a year later on 09/14/10 at which time the claimant stated that approximately 6 months ago he started having anterior elbow pain mostly over the biceps tendon. There was no acute injury or particular inciting incident he could recall. Examination of the right upper extremity reported swelling over the anterior aspect of the right elbow with tenderness to palpation along biceps tendon to its insertion. The biceps tendon is palpable. There was positive Hook test. There was pain elicited with resisted supination and pronation, but full motion at wrist including extension, flexion, pronation and supination. There was also some pain elicited at site of concern with resisted flexion. Sensation was intact. There was no tenderness to palpation about the posterior or medial lateral aspect of elbow. Assessment was some biceps tendinopathy at distal insertion with no suspicion of full rupture since biceps

tendon is still palpable in the antecubital fossa. MRI dated 09/26/10 reported avulsion of biceps tendon from its insertion on tuberosity of radius with approximately 2 cm of retraction. There is some surrounding edema in soft tissues of proximal forearm. The remainder of the elbow appears normal. On 09/27/11 a reviewer noted that Official Disability Guidelines specifically state that surgery is not indicated if 3 or more months have elapsed. It was noted that this injury was closer to 3 years than 3 months and likelihood of success would be low. The claimant would be expected to have significant atrophy of the biceps and low probability of clinical success. On 10/10/11, a reviewer noted this was an injury that occurred nearly 3 years ago. MRI of the right elbow dated 09/27/10 revealed avulsion of distal biceps tendon from its insertion on the tuberosity of radius with approximately 2 cm of retraction.

The claimant was noted to continue with right elbow and proximal forearm pain. Per ODG guidelines, repair should be performed within 2-3 weeks of injury, and surgery is not indicated if 3 or more months have elapsed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This claimant sustained an injury on xx/xx/xx when he lifted a motor in awkward position causing swelling about the right elbow. It is noted that MRI scan obtained fairly early in the course showed some fluid intensity involving triceps tendon at attachment to olecranon, but no fracture and no avulsions. Findings were interpreted as partial intrasubstance tear of triceps tendon, but the claimant clinically had no tenderness in that area. Tenderness was related to lateral border of proximal radius, near proximal ulnar joint with clicking and popping in pronation and supination. There was no evidence of dislocation or subluxation. The claimant was not seen for over a year at which time he reported developing anterior elbow pain mostly over biceps tendon. Physical examination on 09/14/10 revealed biceps tendon to be palpable. MRI performed on 09/26/10 revealed avulsion of biceps tendon from its insertion on the tuberosity of radius with approximately 2 cm of retraction with some surrounding edema in soft tissues of proximal forearm and otherwise normal appearing elbow. Official Disability Guidelines provide that biceps tendon rupture repair should be performed in 2-3 weeks of injury and surgery is not indicated if 3 or more months have elapsed. As noted on previous reviews, the injury in this case occurred nearly 3 years ago. As such, the proposed surgical intervention does not meet ODG criteria. The reviewer finds there is not a medical necessity for bicep tendon repair and possible augmentation.

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)