

# Applied Resolutions LLC

An Independent Review Organization  
900 N. Walnut Creek Suite 100 PMB 290  
Mansfield, TX 76063  
Phone: (817) 405-3524  
Fax: (512) 233-2886  
Email: admin@appliedresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/25/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Biceps tendon repair

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

Board Certified Orthopedic Surgeon

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Therapy note dated 08/03/10

Therapy note dated 09/02/10

Therapy note dated 10/13/10

Therapy note dated 01/20/11

Therapy note dated 03/20/11

Therapy note dated 01/31/12

Therapy note dated 08/23/12

Therapy note dated 12/05/12

Therapy note dated 02/01/13

Adverse determination letter dated 09/07/10

Adverse determination letter dated 07/26/10

Adverse determination letter dated 07/27/10

Adverse determination letter dated 09/02/10

Adverse determination letter dated 09/08/10

Adverse determination letter dated 11/03/10

Adverse determination letter dated 04/18/11

Adverse determination letter dated 12/05/11

Adverse determination letter dated 04/16/12

Adverse determination letter dated 05/08/12

Adverse determination letter dated 07/23/12

Adverse determination letter dated 08/21/12

Adverse determination letter dated 06/17/13  
Adverse determination letter dated 08/16/13  
Adverse determination letter dated 10/01/13  
Clinical note dated 07/10/09  
Clinical note dated 08/31/09  
Clinical note dated 10/06/09  
Worker's compensation hearing note dated 04/20/10  
Clinical note dated 01/15/10  
RME dated 07/16/10  
Clinical note dated 08/03/10  
Surgical pathology report dated 08/25/10  
MRI of the left shoulder dated 08/23/11  
Operative report dated 11/16/11  
Clinical note dated 02/16/12  
Clinical note dated 03/16/12  
RME dated 05/04/12  
Clinical note dated 05/04/12  
Clinical note dated 06/18/12  
Clinical note dated 10/15/12  
Clinical note dated 11/06/12  
Clinical note dated 02/01/13  
Clinical note dated 06/04/13  
Clinical note dated 09/03/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained multiple injuries when he was involved in a motor vehicle accident. The clinical note dated xx/xx/xx indicates the patient having initially presented to the emergency department where he underwent x-rays, CT scans, and a full examination. The patient was subsequently released with complaints at several areas. The patient was noted to have radiating pain into the lower extremities resulting in 2 lumbar epidural steroid injections. The required medical examination dated 07/16/13 indicates the patient complaining of right hip, low back, and neck pain. The patient also was noted to have complaints of pain at the right side of the groin. The note indicates the patient utilizing an extensive list of pharmacological interventions. The MRI of the left shoulder dated 08/23/11 revealed a full thickness tear of the long biceps. However, this was noted to be suboptimally profiled. Recommends for an MR arthrogram were noted on the report. The patient was also noted to have a tiny intrasubstance partial tear of the distal supraspinatus. A fraying of the superior labrum was noted compatible with a type 1 SLAP tear. The clinical note dated 03/16/12 indicates the patient having undergone 3 courses of physical therapy. However, the patient continued with complaints of weakness at the left shoulder. The note indicates the patient having undergone a surgical procedure in the cervical region. The note indicates the patient having a proximal latissimus dorsi evulsion. The required medical examination dated 05/04/12 indicates the patient having undergone a C5 through C7 anterior cervical fusion on 08/25/10 as well as a laminectomy and foraminotomy at L5-S1 in November of 2011. The patient continued with left shoulder pain that he rated as 5-6/10. The patient noted a reduction in his activities secondary to the pain. Upon exam, marked tenderness was noted over the posterior and anterior aspects of the left shoulder. Range of motion deficits were noted to include 140 degrees of flexion, 70 degrees of extension, 140 degrees of abduction, 50 degrees of adduction, and 70 degrees of external rotation. The clinical note dated 05/04/12 indicates the patient having complaints of weakness at the left arm. Weakness was also noted at the left elbow. The note indicates the patient having complaints of an unusual movement at the origin of the latissimus dorsi when moving the arm in specific motions. The muscle and the skin of his back retracts upwards toward the shoulder on the left. The clinical note dated 11/06/12 indicates the patient continuing with left shoulder pain. The clinical note dated 06/04/13 indicates the patient continuing with left upper arm pain that was rated as 1/10. The patient was noted to have a positive Neer's and Hawkins' sign. The patient was recommended for a left upper arm arthroscopy at that time. The clinical note dated 09/03/13 indicates the patient rating his left upper arm pain as 7/10. Crepitus was noted at the acromioclavicular joint.

The previous utilization review dated 08/16/13 resulted in a denial for a biceps repair secondary to no information being provided in regards to the completion of conservative treatments at the left shoulder.

The utilization review dated 10/01/13 resulted in a denial as no information was submitted regarding the functional deficits associated with the latissimus dorsi and no recent physical examination was submitted confirming the patient's functional range of motion deficits.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation submitted for review elaborates the patient complaining of left shoulder pain. A biceps repair surgery would be indicated provided the patient meets specific criteria to include significant clinical findings noted by exam and imaging studies confirm the patient's biceps involvement. No information was submitted regarding the patient's subjective complaints of greater than a normal amount of pain following a normal course of recovery. The submitted imaging studies failed to confirm a definitive tear of the biceps. It is unclear if the patient has undergone an arthrogram confirming the patient's biceps involvement as no information was submitted confirming these studies. Given that no information was submitted confirming the patient's biceps tear with resultant complaints of more than a normal amount of pain and taking into account the lack of definitive findings confirming a biceps involvement noted on the submitted imaging studies, this request is not indicated. As such, it is the opinion of this reviewer that the request for a biceps tendon repair is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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