

IRO NOTICE OF DECISION – WC

DATE OF REVIEW: 2-18-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right elbow excision of olecranon bursa (Outpatient setting)

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

Board certified in 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)

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.

| Service being denied (CPT code) | Type of review | Date of Injury | DWC Claim Number | Upheld Overturn |
|---------------------------------|----------------|----------------|------------------|-----------------|
| 24105 | prospective | | | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Surgical request for preauthorization dated 12-11-2006
Physician office notes: 2-14-2006, 2-28-2006, 3-14-2006, 12-8-
2006, and
12-19-2006
Preauthorization Review Determinations dated 12-15-2006 and 1-15-2007
Reconsideration Request 1-5-2007
Denial Notices dated 12-18-2006 and 1-19-2007

PATIENT CLINICAL HISTORY

struck right elbow on a door. Initially was very tender over the lateral epicondyle with pain on resisted wrist extension. The claimant had full range of motion, x-rays showed no fracture. Treatment plan included ice, anti-inflammatory medication and rest. The physician office notes the following month indicated the elbow was improved and claimant was released for full activity. Apparently, the claimant returned on December 2006, with complaint of and continued significant pain with the elbow thickening of the bursa tissue over the olecranon. The physician noted tenderness and thickening of the bursa over the olecranon. X-rays failed to show any significant calcification and the impression was chronic olecranon bursitis. The plan was to proceed with excision of the bursa in few days.

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

Olecranon bursitis (inflammation of the bursa at the olecranon) is caused by trauma, systemic disease, and infection. The diagnosis is made by pain, swelling on the posterior aspect of the elbow. Initial recommended treatment consists of modalities, non-steroidal anti-inflammatory medications for a minimum of three weeks, rest and elbow orthoses. The Reviewer noted that if these fail, or if the initial symptoms are severe, aspiration and hydrocortisone injections are recommended in the absence of infection. When there is a suspected infection aspiration (with gram stain and culture and sensitivity), empiric antibiotics are started until the results of the culture and sensitivity are obtained and instructions to rest elbow are recommended. The Reviewer stated that surgery is recommended when this treatment plan failed. However, from the submitted physician records, aspiration and hydrocortisone injection were not done. Therefore, the requested surgery was not indicated.

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

- ACOEM- AMERICAN 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)

