

Clear Resolutions Inc.

An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

JULY 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient surgery for lateral epicondylectomy with right open carpal tunnel release Guyon's canal decompression

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

M.D., Board of 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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Right elbow x-rays
Office notes, Dr. 01/03/07, 04/23/07, 06/18/07 and 06/28/07
Right elbow MRI, 05/01/07
EMG/NCV right upper extremity, 06/04/07
Request for authorization, 06/20/07
reconsideration/notification of determination, 07/05/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a right hand dominant male who suffered a right upper extremity injury after lifting wood overhead from a secured barge. He complained of right elbow pain and right hand numbness. He reported temporary relief from multiple right elbow cortisone injections but his symptoms persisted and worsened despite modified activity, splinting and use of medications. Examination by Dr. documented right elbow flexion of 130 degrees and extension 0 degrees, positive long finger test, pain over the supinator hiatus, pain in the ulnar groove as well as in the medial epicondyle, lateral epicondyle and posterior olecranon. Tinel's test was positive at the ulnar groove and grip strength was decreased on the right. Right hand examination documented decreased vibratory sensation, positive flexion test, positive Tinel's test at the wrist and pinch and grasp weakness on the right compared to left. Diagnoses of right elbow lateral epicondylitis, olecranon bursitis, carpal tunnel syndrome and Guyon's canal syndrome were noted. X-rays of the right elbow showed mild sclerosis and marginal osteophyte formation of the articulating surfaces of the proximal ulna and focal marginal osteophyte formation of the olecranon process. An MRI of the right elbow showed post-traumatic inflammatory changes involving the common extensor tendon and lateral collateral ligament as well as the adjacent extensor carpi radialis longus and brevis muscles, a small joint effusion and mild degenerative changes. A right upper extremity EMG/NV study on 06/04/07 showed severe right carpal tunnel syndrome as well as the presence of lateral epicondylitis. The claimant reported not being able to perform his work duties due to right upper extremity pain and numbness. A request was made for authorization of a right elbow lateral epicondylectomy with right wrist open carpal tunnel release and Guyon's canal decompression.

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

Outpatient surgery with lateral epicondylectomy, right carpal tunnel release appears to be medically necessary and reasonable in this male who per EMG nerve conduction study has severe right carpal syndrome with symptomatology with a clinical exam consistent with this. He has had appropriate conservative treatment with apparent splinting, injections, activity modifications and medicines that have failed to improve his condition. In review of ODG, the claimant has severe weakness of musculature is documented as well as positive Tinel's and Phalen's along with positive electrodiagnostic studies. He has had documented conservative care greater than six months for his lateral epicondylar tendinopathy with appropriate treatment including injections that is in keeping with recommended guidelines. The MRI of the elbow supports the diagnosis. Based on the time that has passed, failure of conservative treatment, examination findings that support the diagnosis and corroborating diagnostic studies the request for lateral epicondylectomy with right open carpal tunnel release Guyon's canal decompression is considered as medically necessary and appropriate.

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
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates
Carpal Tunnel Release Surgery
- 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)