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DATE OF REVIEW: November 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Removal of hardware and a radial head replacement, right elbow

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

Diplomate, American Board of Orthopaedic 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

Medical records from the URA include:

- Official Disability Guidelines, 2007
- M.D., 05/14/07
- M.D., 05/14/07, 05/23/07, 05/30/07, 06/11/07, 06/18/07, 06/28/07, 07/19/07, 08/16/07, 09/20/07, 10/10/07, 10/31/07
- Hospital, M.D., 05/14/07
- Hospital, M.D., 06/12/07
- Services, 09/17/07
- Center, M.D., 09/24/07
- M.D., 10/23/07
- M.D., 11/01/07

Medical records from the Requester/Provider include:

- M.D., 05/14/07
- M.D., 05/14/07
- Hospital, M.D., 05/15/07
- M.D., 05/23/07, 05/30/07, 06/11/07, 06/12/07, 06/18/07, 06/28/07, 07/19/07, 08/16/07, 09/20/07, 10/10/07, 10/31/07, 11/01/07, 11/05/07
- Hospital, M.D., 06/12/07
- Services, 08/02/07, 09/17/07
- Center, M.D., 09/24/07

PATIENT CLINICAL HISTORY [SUMMARY]:

I have had the opportunity to review medical records on this patient. The service in dispute is a hardware removal with radial head displacement of the right elbow. The records indicate that a traumatic injury occurred to the patient in xx/xxx/xx. The patient underwent open reduction and internal fixation at that time.

The requested service of hardware removal with radial head prosthesis was requested, however, denied by a peer reviewer. M.D. opined that the surgery was not necessary, however, only indicates that clarification is needed regarding clinical indications to pursue the procedure. He felt that the information submitted was inadequate. This was contested by the patient.

The medical records are reviewed and indicate that, M.D. performed open reduction and internal fixation of the right radial head fracture on or about xx/xx/xx. Because of continued complaints and radiographic findings, a CT scan was performed of the elbow on September 24, 2007. It disclosed offset of the radial neck, although the radial head appeared to be in near-anatomic alignment with no cortical stepoff. There were screws present.

Clinical notes are subsequently provided by Dr. She opined that her radiologist felt that the CT scan disclosed evidence of a nonunion. She recommended radial head replacement.

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

It is my opinion that the medical records as provided do not justify the necessity of a radial head replacement. The major sticking point in this case is the disagreement between Dr. radiologist and the radiologist who read the CT scan. There is insufficient evidence to conclude that a nonunion exists. In order to justify that type of surgery, it must be clear that a nonunion exist. This is consistent with the ODG Guidelines, as well as peer reviewed literature.

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)