

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: OCTOBER 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right elbow arthroscopy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-ray right 07/11/06

MRI right upper extremity 07/24/06

MRI right upper extremity 07/31/06

Office note of Dr. 08/07/06, 09/01/06, 10/04/06

Physical therapy note 08/31/06

Office notes of PA-C 11/15/06

Office note of Dr. 02/28/07, 04/17/07, 04/25/07, 06/27/07, 06/29/07, 07/02/07, 08/10/07

X-ray elbow 02/28/07

Office note of Dr. 03/30/07

MRI post arthrogram right elbow 05/09/07

Note from nurse 08/13/07

Office note of Dr. 08/22/07

Dr., letter 08/28/07

Dr. peer review 09/06/07

No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who has been treating for right upper extremity pain. The right elbow x-ray on 07/11/06 showed no acute bony abnormality. The MRI of the right upper extremity on 07/24/06 was a limited negative study. The repeat MRI of the right upper extremity on 07/31/06 was normal. The claimant treated with Dr. for physical therapy and off work. Dr. began treating the claimant for right elbow pain on 02/28/07. Examination revealed tenderness to the common extensor tendon insertion on the lateral epicondyle, no subluxation of the ulnar nerve and no effusion. X-rays that day of the elbow showed no evidence of joint space narrowing or significant osteophytic changes. Rehabilitation, volar cock up sling and follow up was recommended. Dr. performed electromyography testing on 03/30/07 which was normal. The claimant reported a sense of popping and catching in the elbow. Dr. recommended CT arthrogram of the right elbow. The MRI post arthrogram of the right elbow on 05/09/07 showed areas of mild chondromalacia with no osteochondral defect or loose body seen. The body of the report showed small filling defects in the anterior joint recess; one was oval in shape and only 1-2 millimeter. Dr. injected the claimant's elbow on 06/27/07. The 06/29/07 examination of the right elbow showed 1+ to 2+ effusion and limited range of motion. The claimant saw Dr. on 08/10/07 and reported no improvement following the injection. The claimant noted a sense of loc and catching and that rehabilitation was of no benefit. Dr. felt that the claimant had a strong history of loc and catching. Dr. has recommended an arthroscopic examination.

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

The claimant is a gentleman who had two injuries to his right elbow. Following that, he had an x-ray of his right elbow without abnormality, and an MRI of his right elbow which was normal. He had an electromyogram, which was normal, and a follow-up MRA arthrogram/CT arthrogram of the right elbow which documented no clear evidence of a loose body; however, there were some small filling defects in the anterior joint recess of 1 to 2 millimeters. He has continued to have ongoing complaints of loc, but a review of his medical record does not document any specific episodes of loc with a physician present or any provocative movements during examination that might cause specific pain. While the Reviewer understands the theory of an arthroscopy for evaluation, there is no documentation in the medical record of impinging synovitis, palpable loose body, articular cartilage damage or other abnormality. Since this Reviewer have not had the ability to speak with this physician, then it is not clear as to the medical necessity of the requested surgery of arthroscopic evaluation.

Official Disability Guidelines was referenced and do not apply
AAOS, Orthopedic Knowledge Update, Shoulder and Elbow, Chapter 29, page 298

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
 - AAOS, Orthopedic Knowledge Update, Shoulder and Elbow, Chapter 29, page 298
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)