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One Sansome Street, Suite 600
San Francisco, CA 94104-4448

415.677.2000 Phone
415.677.2195 Fax
www.lumetra.com

DATE OF REVIEW: 10-09-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Tennis Elbow Release / Left Cubital Tunnel Release

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

Certified by The American Board of 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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	726.32 354.2	64708 64718 24350	1	Upheld

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Notice dated 08-20-07 & 09-06-07
Practitioner examination on 04-23-07 & 04-25-07
Initial Practitioner Patient History & Clinical Evaluation Summary dated 04-26-07
Practitioner Daily Progress and Procedural Notes dated 05-01-07, 05-02-07,
05-07-07, 05-10-07 & 05-14-07, 05-15-07, 05-17-07, 05-21-07, 05-22-07,
05-24-07, 05-29-07, 05-30-07, 06-04-07, 06-05-07 & 06-07-07
Electrodiagnostic Results dated 05-15-07
Request for reconsideration for date of service 05-15-07
Physician examination dated 06-04-07, 07-23-07 & 08-27-07
Texas Workers' Compensation Work Status Reports
Authorization Notice dated 05-08-07
Extension Notice dated 06-20-07
Radiology Report (XR Chest PA/LAT) dated 08-13-07
ODG Treatment Guidelines – Elbow (Acute & Chronic); Surgery for cubital tunnel
syndrome (ulnar nerve entrapment), Surgery for epicondylitis

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review note a date of injury. The request for surgery for the elbow was not certified. There is an electrodiagnostic assessment dated May 15, 2007 that was normal. Nerve conduction studies noted a slight delay of the left ulnar nerve motor function. The clinical findings note complaints of pain and stiffness.

In June, for an unknown reason, a functional capacity evaluation was obtained. Prior to that, the practitioner who felt there was an elbow strain and ulnar nerve lesion completed an evaluation on April 26, 2007. It is not clear why the claimant was unable to return to work with this left upper extremity problem. Somehow it was felt that chiropractic manipulative therapies would resolve this problem.

The initial orthopedic evaluation on June 4, 2007 noted an ulnar entrapment problem. The orthopedic follow-up appointment of July 23, 2007 noted tenderness over the lateral epicondyle and positive Tinel's sign, which was a new finding. The next progress note demonstrated multiple findings surrounding the elbow. All of which are relatively new clinical assessments of the orthopedic specialist.

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The claimant continued to follow up with the practitioner with no change in the clinical assessment and no improvement reported.

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

As noted in the Official Disability Guidelines, surgical release can be indicated. However, based on the reported mechanism of injury and the limited but escalating findings on physical examination, there is no clear clinical indication for this surgical intervention. The electrodiagnostic study was normal. The initial physical examination did not support any surgical lesion and the claimant continues to follow with chiropractic interventions. The Reviewer noted that there were insufficient clinical data presented to support a surgical intervention or the treatment plan aligned in the Official Disability Guidelines. Therefore, the service requested is not medically necessary or reasonably required to address the sequela of the original compensable injury.

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**

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- 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)**