

# Applied Assessments

An Independent Review Organization

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**DATE OF REVIEW:** August 14, 2008

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Release extensor brevis right elbow and chronic lateral epicondylitis regional block.

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

Board Certified in 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**

OD Guidelines

Denial Letters 7/1/08 and 7/10/08

Dr -12/04-7/08

Letter of Medical Necessity-2/9/06

Radiology Consultants-5/22/08

-5/27/08 and 5/22/08

Operative Reports-2/10/05; 6/28/05; 7/13/05

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient has symptoms consistent with lateral epicondylitis. He had a very similar course on his contralateral side that eventually necessitated surgical management and revision surgery. The surgery was deemed a success; however, the delay in surgery and preoperative injections were felt to negatively affect his outcome. The patient is currently unable to work due to his pain.

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

ODG guidelines do not recommend surgery for lateral epicondylitis until the patient has failed 6 months of nonoperative treatment. However, this patient is not the usual patient and has a “control” arm to compare the natural history of the disease in this specific instance. As such, the ODG guidelines are just that...guidelines, not strict rules. However, after a careful review of all medical records, and based on this specific patient’s case, the Reviewer’s medical assessment is that surgical management appears to be the most appropriate step in his plan of care and would probably result in the least disability and earliest return to work.

**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 KNOWLEDGBASE
- 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)