



Medical Review Institute of America, Inc.  
America's External Review Network

**AMENDED REVIEW 11/12/08**

DATE OF REVIEW: November 12, 2008

IRO Case #:

**Description of the services in dispute:**

Denied for medical necessity. Items in dispute: Left radial head excision 9/30/08

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtaken

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.

The surgery, left radial head excision, is medically necessary due to failure of adequate conservative care. Without the surgical resection, the patient will have persistent pain and mechanical symptoms due to the permanent damage to the articular surfaces.

**Information provided to the IRO for review**

Records Received from the State:

- IRO request, dated 10/22/08
- Letter dated 09/30/08
- Letter dated 09/18/08

Records Received from the Insurance Company:

- Notice to Utilization Review Agent of Assignment of Independent Review Organization, dated 10/22/08
- Work Status Report, dated 09/08/08
- Work Status Report, dated 09/12/08
- Work Status Report, dated 07/21/08
- Work Status Report, dated 07/07/08
- Work Status Report, dated 06/16/08
- Work Status Report, dated 08/29/08
- Follow up notes, dated 09/08/08
- Follow up notes, dated 08/11/08
- Follow up notes, dated 07/07/08
- MRI of the Shoulder report, dated 06/30/08
- Initial Evaluation, dated 06/25/08
- Bilateral elbow report, dated 05/19/08
- Surgery request form, dated 09/18/08
- Precertification request
- MR Elbow report, dated 09/04/08
- Office visit notes, dated 09/12/08
- Office visit notes, dated 08/29/08
- Office visit notes, dated 08/18/08
- Office visit notes, dated 07/21/08
- Office visit notes, dated 07/07/08
- Office visit notes, dated 06/16/08
- Office visit notes, dated 06/02/08
- Office visit notes, dated 05/20/08
- Nurses notes, dated 05/19/08
- ER physician record, dated xx/xx/xx
- Plan of care, dated 05/19/08
- Hand and Upper extremity referral, dated 06/16/08
- Outpatient hand therapy evaluation, dated 06/18/08
- Progress notes, dated 06/18/08-07/25/08
- Plan of care, undated
- Prescription, dated 09/08/08
- Progress notes, dated 09/09/08
- Physical/Occupational therapy shoulder evaluation, dated 09/09/08

Records Received from the Requestor:

- Office visit notes, dated 10/20/08
- History and physical, dated 10/13/08
- Patient Discharge Instructions

- Hand and Upper Extremity Referral, dated 10/20/08
- Progress Summary, dated 08/28/08
- Progress Summary, dated 08/18/08
- Hand Therapy progress report/Re-evaluation, dated 08/11/08
- Hand Therapy Progress Report/Re-Evaluation, dated 07/18/08
- Hand/Upper Extremity Evaluation

**Patient clinical history [summary]**

The patient is female injured on xx/xx/xx when she sustained bilateral radial head fractures. On 8/18/08 Dr. noted that there was left elbow pain and popping although x-rays looked as though there was some consolidation. She was given an injection and on 8/29/08 Dr. noted her pain and motion had improved. MRI on 9/4/08 showed the fracture of radial head was incompletely healed. There was a 1mm articular surface incongruity along the radial head. The fragment was minimally displaced, and there was cartilage loss along the radial head and capitellum that was possibly post traumatic or degenerative changes. Moderate effusion was seen and mild partial tearing of the radial collateral ligament and partial tearing of the origin of the common extensor. It appears to be a post-traumatic arthritis with mild displacement of the articular surface.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The patient has failed conservative care with injection, medications, and activity modification. The patient has pain with mechanical symptoms with crepitus and popping. The patient has an effusion. The fall resulted in post-traumatic arthritis with MRI and CT evidence of articular surface damage and displacement. The surgery is necessary due to persistent pain with mechanical symptoms. The surgery is medically necessary due to failure of adequate conservative care. Without the surgical resection, the patient will have persistent pain and mechanical symptoms due to the permanent damage to the articular surfaces.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG: Radial head fracture surgery

Recommended for level III and IV fractures. Under study for level II, and not recommended for level I. Radial head fractures are common elbow fractures. The Mason classification is used to describe the fracture. For nondisplaced fractures (level I), a sling may be all that is necessary, and symptomatic treatment and splinting followed by early range of motion also appear to produce uniformly good results. A systematic review compared the results of conservative treatment with different surgical strategies for radial head fractures. For Mason type II fractures, residual pain was present in 42% of the conservatively treated patients compared to 32% of the surgically treated patients. Good/excellent results for Broberg score were 52 and 88%, respectively. For Mason type III

and IV fractures, no conservatively treated patients were described. (Thompson, 1988) (Bano, 2006) (Struijs, 2007) Radial head fractures are common injuries, occurring in about 20 percent of all acute elbow injuries, usually caused by a fall breaking the smaller bone (radius) in the forearm. (AAOS, 2001)

OKU Shoulder Elbow