

Notice of Independent Review Decision

DATE OF REVIEW:

11/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Surgical repair to lateral epicondyle

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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 requested surgical repair to lateral epicondyle is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 11/13/08 MCMC Referral
- 11/12/08 memo from Insurance Specialist,
- 11/12/08 Notice Of Assignment Of Independent Review Organization,
- 11/12/08 Notice To MCMC, LLC Of Case Assignment,
- 11/10/08 IRO Request Form (online application), DWC
- 11/10/08 Fax cover sheet with Comments from claimant
- 11/10/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 11/08/08 Request For A Review By An Independent Review Organization
- 10/28/08 Utilization Review letter from C1 Rep, TPA
- 10/27/08 Physician Advisor Report, D.O.,
- 10/21/08 Request for Reconsideration, M.D.
- 10/14/08 to 10/29/08 case notes from RN
- 10/17/08 Utilization Review letter from RN, TPA
- 10/17/08 Physician Advisor Report, M.D.,
- 09/18/08, 08/11/08, 05/12/08, 01/15/08, 06/25/07, 04/17/07, 01/09/07, 11/07/06, 08/23/06 office notes from M.D.
- 08/07/08, 07/28/06 chart notes, D.O., Medical Centers

- 07/28/06, 07/27/06 chart notes, MPT, Medical Centers
- 07/26/06, 07/25/06 chart notes, PT, Medical Centers
- 07/24/06 chart notes, M.D., Medical Centers
- Undated Request For A Review By An Independent Review Organization Instructions

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who alleged a work-related injury on xx/xx/xx. The described mechanism of injury was doing a lot of heavy lifting . She was initially treated at Medical Center and eventually sought care from M.D. Dr. first evaluated her on 08/23/2006. His treatment has been basically multiple steroid injections (six) over the intervening time interval. His most recent clinical note dated 09/16/2008 reported an increase in her symptoms following another injury. The injured individual noted that on 09/13/2008 she was pushing a cart that fell over and she tried to grab it and developed increased elbow symptoms. Dr. 's working diagnosis has been lateral epicondylitis. He noted that the injured individual was experiencing numbness with radiation into her hand. This finding was not present on his initial evaluation in 08/2006. He recommended the requested procedure.

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

The injured individual is a female who was reported to have sustained a work-related injury on xx/xx/xx. It would appear that the mechanism of injury is assumed to be repetitive overuse though it is unclear. She complains of lateral elbow pain. Recently it has been noted that she has numbness that radiates into her hand. Lateral epicondylitis does not cause numbness therefore her diagnosis is somewhat unclear. Radial Tunnel syndrome can be a source of numbness. There is no evidence of a recent trial of physical therapy directed specifically at her elbow complaints. There is no information regarding a workplace ergonomic assessment. The injured individual's diagnosis is not clear and based on the submitted information she does not meet guidelines for surgical intervention, therefore the requested surgical repair to lateral epicondyle is not medically necessary.

Official Disability Guidelines

Physical therapy	Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific physical therapy modalities by name. (Piligran, 2000) (Handoll-Cochrane, 2003) (Boisubert, 2004) (Boyer, 1999) (Sevier, 1999) (Foley, 1993) (Struijs, 2004) (Smidt, 2005) (Smidt, 2003) (Lund, 2006) Women and patients who report nerve symptoms are more likely to experience a poorer short-term outcome after PT management of lateral epicondylitis. Work-related onsets, repetitive keyboarding jobs, and cervical joint signs have a prognostic influence on women. (Vaugh, 2004) A recent clinical trial found that, after 12 months, the success rate for physical therapy (91%) was significantly higher than injection (69%), but only slightly higher than in the wait-and-see group (83%). (Korthals-de Bos, 2004)
Surgery for epicondylitis	Under study. Almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive change. Any

activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery. There currently are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatment fails, but over 95% of patients with tennis elbow can be treated without surgery. ([Buchbinder-Cochrane, 2002](#)) ([California, 1997](#)) ([Piligran, 2000](#)) ([Foley, 1993](#)) ([AHRQ, 2002](#)) ([Theis, 2004](#)) ([Jerosch, 2005](#)) ([Balk, 2005](#)) ([Sennoune, 2005](#)) ([Szabo, 2006](#)) Disappointing results of surgery were found in litigants with epicondylitis. ([Kay, 2003](#)) ([Balk, 2005](#)) Surgery is not very common for this condition. In **workers' compensation, surgery is performed in only about 5% cases.** ([WLDI, 2007](#)) For the minority of people with lateral epicondylitis who do not respond to nonoperative treatment, surgical intervention is an option. The surgical techniques for treating lateral epicondylitis can be grouped into three main categories: open, percutaneous, and arthroscopic. Although there are advantages and disadvantages to each procedure, no technique appears superior by any measure. Therefore, until more randomized, controlled trials are done, it is reasonable to defer to individual surgeons regarding experience and ease of procedure. ([Lo, 2007](#))

Recent research: In this randomized controlled trial (RCT), corticosteroid injection did not affect the apparently self-limited course of lateral elbow pain. One month after injection, DASH (Disabilities of the Arm, Shoulder, and Hand questionnaire) scores averaged 24 versus 27 points (dexamethasone versus placebo), pain 3.7 versus 4.3 cm, and grip strength 83% versus 87%. At 6 months, DASH scores averaged 18 versus 13 points, pain 2.4 versus 1.7 cm, and grip strength 98% versus 97%. In secondary analyses in a subset of patients, perceived disability associated with lateral elbow pain correlated with depression and ineffective coping skills. ([Lindenhovius, 2008](#)) In the short-term (less than six weeks), corticosteroid injection helps relieve symptoms from lateral epicondylitis. After six weeks, however, physical therapy is superior to steroid injection for symptom relief (level of evidence, A). Lateral epicondylitis (tennis elbow) can be treated in the short-term (less than six weeks) with corticosteroid injection, with better improvement versus nonsteroidal anti-inflammatory drugs. After six weeks, physical therapy is more efficacious in reducing symptoms vs corticosteroid injection. During initial physical rehabilitation, corticosteroid injections can help control pain from lateral epicondylitis. ([Stephens, 2008](#)).

The injured individual's symptoms increased following a recent injury which further confuses her ongoing elbow pain.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES