

# I-Decisions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW: OCTOBER 1, 2008**

**IRO CASE #:**

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

Outpatient Right Elbow Lateral Release/Epicondylectomy; 64718, 24358

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

MD, 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)

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 reviewer finds that medical necessity does not exist for Outpatient Right Elbow Lateral Release/Epicondylectomy; 64718, 24358.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 9/3/08, 8/6/08  
Orthopedic Associates 4/2/08  
MD, 8/12/08, 6/23/08, 7/15/08, 6/11/08, 4/20/08, 4/2/08  
MD, 11/26/07, 1/11/08, 12/28/07  
MD, 11/9/07  
MRI of Right Elbow w/o contrast, 6/25/07  
Medical Clinic, 1/28/08, 11/30/07  
ODG-TWC, Carpal Tunnel Syndrome

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year-old injured worker who, according to the history within the records, was injured while at work. He has had three injections into the epicondylar area according to the record but none into the area of the radial tunnel. The treating physician has noted that a radial tunnel syndrome may well be a differential diagnosis. Investigations and blocks for this particular component have not been performed. He has noted that the original injury was a traction injury, but he also has multiple other right upper extremity and back complaints.

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

The medical records show failure of responsiveness to three epicondylar injections, even for short duration, and there is a differential diagnosis of radial tunnel syndrome. Based upon the failure, even on a temporary basis, to have any improvement with the epicondylar injections, the review agrees this is indicative of a failure of a diagnostic block. With that in mind, this patient would not be a good candidate for an epicondylar procedure. In addition, the treating surgeon has diagnosed radial tunnel syndrome.

It is for these reasons that the previous adverse determination is upheld. The reviewer finds that medical necessity does not exist for Outpatient Right Elbow Lateral Release/Epicondylectomy; 64718, 24358.

**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 (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**