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Notice of Independent Review
Decision

DATE OF REVIEW: September 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tenotomy elbow lateral, medial open debridement to include CPT codes 64718, 24358

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

Diplomate, American Board of 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)

**PATIENT CLINICAL
HISTORY:**

The records indicate that the patient had a pre-existing injury and had been seeing , M.D., prior to the date in question. The previous notes indicate that the patient was xx years old and right hand dominant. She had pain in her right hand and elbow from an injury in xx/xxxx while lifting bottled water. He provided a diagnosis of right elbow medial epicondylitis. He ordered an MRI of the elbow.

On February 11, 2008, the MRI of the right elbow disclosed minimal changes of both the

medial and lateral epicondylitis. Additionally, electrodiagnostic studies performed prior to the date of injury disclosed moderate ulnar neuropathy of the right elbow.

As of February 25, 2008, Dr. recommended surgery, which would include an ulnar nerve transposition and debridement of the medial epicondylitis, as well as a carpal tunnel release.

A physical therapy note dated April 7, 2008 involves her lower back.

The patient returned to Dr. on June 30, 2008. His note of June 30, 2008 indicates a problem with the left elbow in the interim history, however, he does not indicate which elbow he was examining under his physical examination; nonetheless, he recommended subcutaneous ulnar nerve transposition as well as debridement of the medial epicondyle.

Right cubital tunnel release medial epicondylectomy was non-authorized for medical necessity.

The final entry into the medical record is a two sentence report noting from Dr. 's office called indicating they did not have any additional clinical information to submit. It was noted, "Will process with clinical submitted with July 21, 2008 request.

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

It is my opinion that the request for elbow surgery is not appropriate.

It is unclear whether Dr. is talking about the left or right elbow. Additionally, the medical records do not document what conservative measures have been undertaken. Therefore, in my opinion, medical necessity has not been established per the ODG guidelines. It is my opinion that the denial be upheld.

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)**