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Notice of Independent Review Decision

DATE OF REVIEW: 08/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Tenotomy of the left elbow

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand 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)

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.

Tenotomy of the left elbow - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 02/24/09, 03/24/09, 06/09/09, 06/22/09, and 07/07/09

PLN-11 forms from the insurance carrier dated 02/25/09 and 03/23/09

An MRI of the left shoulder interpreted by M.D. dated 03/06/09

An adverse determination letter from M.D. dated 06/19/09

An adverse determination letter from M.D. dated 07/01/09

PATIENT CLINICAL HISTORY

On 02/24/09, Dr. performed shoulder and elbow injections and recommended an MRI of the left shoulder. On 02/25/09 and 03/23/09, the insurance carrier disputed the patient's injury. An MRI of the left shoulder interpreted by Dr. on 03/06/09 revealed a benign 6 mm. cyst in the humeral head and minimal subacromial bursitis and tendinopathy. On 03/24/09, Dr. performed another injection into the left elbow. On 06/09/09 and 06/22/09, Dr. recommended a left elbow lateral release. On 06/19/09, Dr. wrote a letter of adverse determination for the surgery. On 07/01/09, Dr. also wrote a letter of adverse determination for the surgery.

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

According to the ODG, 95% of all cases of lateral epicondylitis resolve without surgery. The patient has received two corticosteroid injections, which provided relief, but it was not permanent. The ODG states, "While there is some benefit in short term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management." It further states, "Corticosteroid injection does not provide any long term clinically significant improvement in the outcome of epicondylitis and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit." It does not appear that the patient has received a formal rehabilitation program. Her treating physician states she has been performing a home exercise program, but the ODG strongly recommends a thorough rehabilitation program prior to consideration of surgical treatment. Therefore, at this time, the requested tenotomy of the left elbow is not reasonable or necessary and the previous adverse determinations are 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 AND KNOWLEDGE BASE
- 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)**