

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/03/2009

**IRO CASE #:**

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

Outpatient right elbow arthrotomy with joint exploration, medial

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

M.D., 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determinations, 03/24/09, 04/01/09

ODG Guidelines and Treatment Guidelines (ODG DOES NOT ADDRESS THIS PROCEDURE)

Office note, Dr. 10/23/08

Office notes, Dr. 01/05/09, 01/19/09, 02/03/09, 02/17/09, 03/17/09, 04/09/09

MRI right elbow, 03/06/08, 03/05/09

EMG / NCS right elbow, 10/21/08

X-ray right elbow, 01/05/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female claimant who reportedly wrenched her elbow on xx/xx/xx while lifting a battery. The records indicated that the claimant was diagnosed with arthropathy elbow traumatic and medial epicondylitis. Conservative treatments included medication, ice/ heat, injections and modified duty. Persistent right elbow pain was noted. MRI findings of 03/05/09 were consistent with medial epicondylitis. A right elbow arthrotomy with joint exploration was recommended.

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

The indications for arthrotomy and exploration of the right elbow are unclear in this particular case. The medical records indicate this individual may have had previous elbow surgery. The ODG does not address the requested procedure. The records indicate that she has been

diagnosed with recurrent medial epicondylitis and ulnar neuropathy. Of note is the fact that the MRI scan describes some changes consistent with that of epicondylitis, although if there was a previous history of surgery, this could be consistent with previous surgery. It is, however, noted that repeat injection in January offered relief. The request was to determine the medical necessity for the right elbow arthrotomy and joint exploration. There does not appear to be an obvious intra-articular process. As such, at least based on the information provided, the treating physician does not spell out the indications or medical necessity for the arthrotomy. The overall request in this particular case cannot be viewed as reasonable and necessary. The reviewer finds that medical necessity does not exist for Outpatient right elbow arthrotomy with joint exploration, medial.

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

ACOEM-AMERICA 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)