

DATE OF REVIEW: 6/22/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right elbow extensor repair

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Orthopaedics. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Right elbow extensor repair Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee reportedly fell on her right elbow and sustained significant pain and dysfunction. On the most recent physical examination the injured employee had active and passive range of motion of 140 degrees flexion, 0 degrees extension, 90 degrees pronation and supination. There was no instability noted. The injured employee had right elbow surgery in 2005.

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

The claimant is a female with an injury in xx-xxxx. The claimant's previous medical history is significant for right elbow surgery in 05/06 including an excision of ganglion cyst. The most recent exam notes a 140-0 degree flexion/extension and notes that left elbow as normal in all aspects. The claimant is noted to be at full strength. There is no mention of swelling or crepitus. The claimant is noted to have a positive tennis elbow stress test. A MRI from 2/28/09 showed that this claimant had a partial thickness tear of humeral attachment extensor mass. The radiographs

were normal. The mechanism of injury was from a fall-an unusual etiology for lateral epicondylitis which is usually an overuse injury.

According to ODG criteria, the claimant must complete 6 months of conservative treatment including physical therapy and medications. Bracing and an injection are also additional treatments which can be used.

The claimant has full ROM and strength (even with partial thickness tear). In addition, chart has diagnosis of entrapment neuropathy in 2/3/09 note prior to MRI. The 2/26/09 note indicates a diagnosis of elbow contusion, sprain, and possible internal derangement. The 2/09 clinical notes also indicate claimant had complaints of numbness and tingling. There is no documentation of all conservative measures having been applied.

The request for surgery cannot be considered medically necessary and therefore the previous denial is 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 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

X 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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

Karkhanis S, Frost A, Maffulli N. Operative management of tennis elbow: a quantitative review. Br Med Bull. 2008;88(1):171-88. Epub 2008 Sep 26.

Boyer MI, Hastings H 2nd. Lateral tennis elbow: "Is there any science out there?" J Shoulder Elbow Surg. 1999 Sep-Oct;8(5):481-91.

Mackay D, Rangan A, Hide G, Hughes T, Latimer J. The objective diagnosis of early tennis elbow by magnetic resonance imaging. Occup Med (Lond). 2003 Aug;53(5):309-12.