

# US Resolutions Inc.

An Independent Review Organization  
71 Court Street  
Belfast, ME 04915  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/14/2009

**IRO CASE #:**

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

Right elbow chemodeneration, 64614

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

M.D., board certified in Orthopedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 6/16/09, 7/8/09, 7/13/09

Letter to IRO, 8/27/09

Peer Review Report, 6/13/09, 7/10/09

, 6/11/09, 5/4/09, 7/6/09, 6/30/09

Operative Report, 5/8/08, 2/18/08

MRI Left Elbow, 1/18/08

Progress Note, 1/3/08, 1/24/08

Letter from Patient, 7/30/09

, MD, 1/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old female injured worker with a date of injury of xx/xx/xx. She has had complaints of bilateral elbow pain. She has undergone two previous left epicondylar releases on 02/18/08 and 05/08/08. She has also had multiple courses of cortisone injections. According to the records, the patient is still having pain and dystonia. The request is now for Botox chemodeneration of the elbow.

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

Based upon the Official Disability Guidelines and Treatment Guidelines, the use of chemodenervation in this particular circumstance is not supported or endorsed by the Guidelines. This treatment is not recommended by the ODG for epicondylitis. Hence, this reviewer is in the position of being unable to reverse the previous adverse determination. The reviewer finds that medical necessity does not exist for Right elbow chemodenervation, 64614.

**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 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)