

Notice of Independent Review Decision

DATE OF REVIEW: 9/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgery: Olecranon bursectomy

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. 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 2004.

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)

Surgery: Olecranon bursectomy Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is an injured employee who presents with left elbow pain. He was injured xxxx months ago and has been noted to have persistent olecranon bursitis despite Medrol Dosepak treatments. The injured employee has been noted to have a swollen olecranon bursa with mild tenderness and full range of motion.

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

The injured employee is a male with olecranon bursitis of 3-4 months duration. He is working. His clinical exam is significant only for tenderness over the bursa. There is no redness, warmth or erythema to indicate a septic bursitis. The ROM was 5-110 on the 8/18/2009 exam which also noted the patient to have full strength. Bursa is described as 1.5 inches.

There is no underlying morbidities such as diabetes. There is indication of treatment with Medrol dose pack. This is not proven in the literature and with a swollen and inflamed bursa; it is highly unlikely there would be adequate penetration of oral meds. Surgery is not recommended-according to ODG guidelines and the literature as conservative treatment is the treatment of choice. The literature shows that even in cases of septic bursitis, home treatment is first choice with surgery only for select cases. There has been no documentation of steroid injection or aspiration and packing, both of which are very effective non surgical treatments. The denial of this service is upheld and supported by ODG guidelines and standards of clinical practice. The decision is to uphold the previous denial.

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)

Complications following resection of the olecranon bursa. Degreeef I, De Smet L. Department of Orthopaedic Surgery, University Hospital Pellenberg, Belgium. Acta Orthop Belg. 2006 Aug;72(4):400-3. ilse.degreeef@uz.kuleuven.ac.be

Olecranon septic bursitis managed in an ambulatory setting. The Calgary Home Parenteral Therapy Program Study Group. Laupland KB, Davies HD; Calgary Home Parenteral Therapy Program Study Group. Clin Invest Med. 2001 Aug;24(4):171-8.