

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 08/03/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in dispute:

Reinsertion of ruptured R triceps tendon distal with or w/o tendon graft 24342 06/02/2010

Excision tumor soft tissue of upper arm or elbow area 24075 06/02/2010

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 01/12/10 – Clinical Note –M.D.
2. 01/27/10 – MRI Right Elbow
3. 02/05/10 – Physical Therapy –, M.Ed, ATC
4. 02/09/10 – Clinical Note –M.D.
5. 03/16/10 – Clinical Note –M.D.
6. 03/30/10 – Clinical Note –M.D.
7. 04/13/10 – Clinical Note –M.D.
8. 06/01/10 – Clinical Note –M.D.
9. 06/15/10 – Letter –M.D.
10. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who is status post arthroscopy for low-grade partial thickness supraspinatus tear of the right shoulder.

The clinical notes begin with an evaluation by Dr. on 01/12/10. Physical examination revealed tenderness along the distal triceps tendon and at the tip of the olecranon. There was full range of motion with mild weakness of elbow

extension. There was no tenderness to palpation of the bony structure of the shoulder girdle. There is a well-healed incision with no signs of infection. The employee was assessed with chronic triceps tendinitis and status post arthroscopy for low-grade partial thickness supraspinatus tear of the right shoulder. The employee was recommended for MRI of the right elbow.

An MRI of the right elbow performed 01/27/10 demonstrated peritendonitis around the distal triceps tendon with some minimal partial tearing along the articular surface at the insertion.

The employee was seen for physical therapy on 02/05/10. The employee stated his pain increase with active flexion and abduction. The employee continued to experience right elbow pain with some activities, but was willing to work through the symptoms. Passive range of motion had improved since his initial evaluation. The note stated the employee had met his short-term goals of increasing range of motion. The employee was recommended to continue rotator cuff repair protocol as directed.

The employee returned to Dr. on 02/09/10. Physical examination revealed point tenderness to the distal triceps tendon. There was improved range of motion of the right shoulder with mild weakness of abduction. The employee is recommended for injection of the elbow.

The employee was given a steroid injection to the right elbow on 03/16/10.

The employee returned to Dr. on 03/30/10. He stated the elbow had improved, but reported soreness of the right shoulder. Physical examination revealed near full range of motion of the right shoulder with mild weakness of abduction. There was minimal tenderness of the right elbow with full range of motion and mild weakness of grip. The employee was recommended to focus on exercise and workstation modifications.

The employee returned on 04/13/10 with no change in symptoms. Physical examination was unchanged. The employee was recommended to continue his exercise program. Dr. opined that surgery was not required at that time.

The employee returned to Dr. on 06/01/10 with continued pain complaints to the elbow. Physical examination revealed a palpable bone spur off the olecranon to the right elbow. The employee was recommended for exostectomy with repair of the triceps tendon at its insertion.

Excision of tumor soft tissue of upper arm or elbow area and reinsertion of ruptured R triceps tendon distal with or w/o tendon graft was denied by utilization review performed by Dr. on 07/14/10 due to inconsistency with the request and the clinical notes. The procedure code provided was for reinsertion of ruptured biceps tendon, while the clinical notes recommended repair of the triceps tendon.

Excision of tumor soft tissue of upper arm or elbow area and reinsertion of ruptured R triceps tendon distal with or w/o tendon graft was denied by utilization review performed by Dr. on 07/14/10 due to no noted weakness of the triceps or extension of the elbow, no documentation of failure of conservative treatment, and no diagnostic examination of the said mass for excision.

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

The clinical documentation provided for review does not support the requested:

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There is no indication on any physical examination findings of a soft tissue tumor in the upper extremities that would reasonably require surgical excision. Additionally the clinical notes do not indicate any findings consistent with incompetency of the triceps tendon insertion on physical examination. The employee has a palpable bone spur on examination; however, there are no examination findings of triceps weakness on resisted extension that would indicate a disruption of the triceps tendon insertion.

As the clinical documentation does not support the requested surgical procedures, they would not be considered medically necessary.

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

1. **Official Disability Guidelines**, Online Version, Elbow and Forearm, Wrist, & Hand Chapters.