

SENT VIA EMAIL OR FAX ON
Jan/14/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Neuroplasty &/or transposit,U/LN; Prosthetic Implant; canulated screws

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

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

OD Guidelines

Office notes, Dr., 09/16/09, 10/21/09, 10/29/09

MRI left elbow, 10/02/09

Upper EMG/. NCS , 10/06/09

Surgery scheduling form

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly was a pedestrian struck by a motor vehicle in xx/xx/xx. The records indicated the claimant diagnosed with left shoulder impingement syndrome, left elbow cubital tunnel syndrome and cervical radiculopathy. An EMG/ NCS preformed on 10/0609 suggested a mild upper and middle trunk brachial plexopathy. Physician examination findings included tenderness, restrictions left elbow motion and a positive Tinel's medially over the ulnar nerve. Left elbow pain persisted despite medication and injection. The treating physician recommended a left elbow endoscopic ulnar nerve decompression.

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

The records in this case reveal mild electrodiagnostic findings. These would be consistent with the positive Tinel's and positive elbow flexion test findings for and examination. An elbow pad has been used. However no other conservative treatment is documented in the records provided. This claimant may be a candidate for the proposed procedure. However, without documentation of failure of an exercise with therapy program, documentation of

failure of activity modification, documentation of failure of anti-inflammatory medications, and documentation of failure of a 3 month trial of splinting or elbow padding as recommend by ODG. The notes in this case would not satisfy the ODG Guidelines for medical necessity.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Elbow : Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

Core Knowledge in Orthopedics : Hand, Elbow and Shoulder Trumble, Budoff, Cornwall 2006. Chapter 16 p. 247.

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)