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Notice of Independent Review Decision

**DATE OF REVIEW:** May 10, 2010

**IRO CASE #:**

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

Release extensor tendon elbow.

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

AMERICAN BOARD OF 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**

Medical records from the Provider include:

- xxxxx, 12/29/09, 01/19/10, 02/09/10, 03/09/10

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Medical Centers, 11/24/09, 12/08/09
- xxxxx, 12/29/09, 01/19/10, 02/09/10, 03/09/10
- xxxxx, P.A., 03/11/10
- xxxxx, 03/16/10, 03/22/10
- Request for a Review by an Independent Review Organization, 04/15/10

**PATIENT CLINICAL HISTORY:**

This female injured her right elbow on xx/xx/xxxx, after repetitive motions while assembling aluminum shelves. The patient developed pain and swelling in the right elbow and initially saw a chiropractor.

The patient was referred eventually to M.D., who diagnosed the patient with lateral epicondylitis. She was treated with tennis elbow brace, Medrol Dosepak, physical therapy, and limited duty work activities. The patient's pain continued and she was referred to D.O., orthopedic surgeon, on December 29, 2009. At that time, she had a steroid injection to the right lateral epicondylar area and was treated with anti-inflammatory medications. She initially was treated with Motrin 800 mg t.i.d. and eventually switched to Celebrex 200 mg b.i.d. She had minimal help from her injections and the anti-inflammatory drugs. She has previously had physical therapy with no significant improvement.

On the follow-up visit with Dr. on March 9, 2010, surgery was recommended. The procedure was release of the extensor tendon from the lateral epicondyle and a partial ostectomy of the right lateral epicondyle.

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

On the medical records review, I see no evidence of any imaging studies performed, either a plain x-ray of the elbow or an MRI. Assuming these studies have been performed, or will be performed, and are negative, in my opinion, the patient would benefit by the recommended surgery. According to ODG Treatment Guidelines in workers compensation cases, patients who are recalcitrant to six months of conservative therapy, including corticosteroid injections, may be a candidate for surgery. This patient has certainly had a good course of conservative treatment, and in my opinion, this patient falls into the 5% of cases where surgery is eventually necessary.

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
- 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)