

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lateral epicondyle debridement

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

M.D., 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

Official Disability Guidelines, Elbow Chapter, Surgery for epicondylitis
Services, Inc. 09/07/10, 09/13/10
Office note, Unknown provider, 06/23/10
Office notes, Dr. 9/25/09- 08/25/10
Peer reviews, Unknown providers, 09/07/10, 09/13/10
Operative Report, 10/13/09
Injection, 5/26/10, 3/24/10
MRI of the Left Elbow, 8/6/09
Medical Disability Services, 5/20/10
Office of Injured Employee Counsel, 7/9/10
PT, 11/4/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female with complaints of left elbow pain. The claimant is status post left tennis elbow and cubital tunnel release performed on xx/xx/xx. Dr. has seen the claimant for complaints of left forearm pain and pain aggravated with direct pressure or activity. The 08/25/10 office note documented mild tenderness to the lateral epicondyle and severe tenderness over the area of the old surgery. The diagnosis was epicondylitis, medial or lateral. Review of the records indicated that the claimant has been treated postoperatively with left lateral epicondyle injections on 03/24/10 and 05/26/10 for temporary relief. She also attended physical therapy.

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

The medical records suggest that the patient has a case of lateral epicondylitis. Prior injections provided excellent, but temporary symptom relief. Tennis elbow release appears to have been performed in 10/09 followed by twenty visits of physical therapy. There is no clear documentation of recent sustained anti-inflammatory use, recent use of any form of counter force bracing or recent activity modification. This claimant has already undergone successful lateral epicondylitis surgery. There are some recurrent or persistent symptoms. Medical necessity can not be established for a repeated surgery given that there is no clear cut evidence of new injury, no new imaging data, no clear documentation of the failure of sustained oral anti-inflammatories, no documentation of failure of recent counter force bracing and no documentation of the need for recent activity modification or limitation. Therefore, there is no medical necessity at this time for Left lateral epicondyle debridement.

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)