

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 7, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed right elbow arthroscopy, open lateral ulnar collateral ligament reconstruction (24346, 24344)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
718.82	24346		Prosp	1					Overtured
718.82	24344		Prosp	1					Overtured

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 21 pages of records received to include but not limited to:

records 12.15.10-2.8.11; Radiological Associates MRI Elbow 1.21.11

Requestor records- a total of 28 pages of records received to include but not limited to:
records and radiology reports 2.8.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job, work related injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient has a preexisting fracture-induced deformity from childhood. He has had a recent injury in which he thought the elbow dislocated. He has a positive pivot shift on physical examination. He feels as though his elbow is unstable. The patient had demonstrated laxity of the elbow on physical testing.

The MRI demonstrates tearing of the lateral ulnar collateral ligament. Reconstitution is indicated in this setting with expected good results according to orthopedic literature.

Additionally, ODG Guidelines do not address this pathology in terms of treatment.

Therefore, based on the medical records and the diagnostic tests, the requested procedure is warranted.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(JBJS-A-86:2235-2242 , 2004. Effect of Distal Humeral Varus Deformity on Strain in the Lateral Ulnar Collateral Ligament and Ulnohumeral Joint Stability.

JBJS British Volume. Vol. 90-B Issue 3, 272-279 (2008.) Posterolateral Rotatory Instability of the Elbow.)