

# I-Resolutions Inc.

An Independent Review Organization  
8836 Colberg Dr.  
Austin, TX 78749  
Phone: (512) 782-4415  
Fax: (512) 233-5110  
Email: manager@i-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/06/2011

**IRO CASE #:**

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

Left tennis elbow release 24358 Outpatient

**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**

12/27/10, 1/12/11

Orthopaedic Group 10/12/10 to 12/10/10

8/28/10, 9/14/10, 9/28/10, 9/7/10

Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who was lifting heavy equipment and injured the elbow. There is documentation of occupational therapy, though the number of treatments are not specified nor the response to those treatments. There is documentation of an unloader brace being prescribed, although there is not documentation of the response to that treatment. There is documentation of non-steroidal anti-inflammatory medication, though the response is unclear. There is documentation of one injection of steroid into the lateral epicondyle area, and it is stated there was some temporary relief with the Xylocaine effect. There is conflicting evidence in the medical record as to whether this is a radial nerve and radial tunnel syndrome or lateral epicondylar syndrome. The request is for lateral epicondylar release.

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

While this patient may have lateral epicondylitis, the medical records provided are insufficient to support non-responsiveness to conservative care. This, in conjunction with several entries indicative of possible radial tunnel syndrome, makes it difficult to determine from the records provided whether this is lateral epicondylitis or radial tunnel syndrome, which frequently manifests and masquerades as lateral epicondylitis. It is for this reason, given the paucity of the medical records, that this reviewer could not overturn the previous adverse determination. It is quite possible that this patient is a candidate for epicondylar release; however, the medical records provided have not given this reviewer the necessary

information to determine whether or not this conforms to the ODG Guidelines. The reviewer finds that Left tennis elbow release 24358 Outpatient is not medically necessary at this time.

**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)