



## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/29/10

**IRO CASE #:**

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

Right Elbow Lateral Epicondylar Debridement Between 10/26/10 and 12/25/10

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Hand 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right Elbow Lateral Epicondylar Debridement Between 10/26/10 and 12/25/10 –  
OVERTURNED

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Incident Investigation Form, Employer, 12/18/08
- Right Elbow X-Ray, 01/09/09
- History and Physical, D.O., 02/02/09
- Office Visit, Dr. 02/23/09, 03/16/09, 04/15/09, 05/8/09, 06/08/09, 07/08/09, 08/19/09
- Right Elbow MRI, M.D., 03/07/09
- Occupational Therapy Evaluation, OTR, 03/24/09
- Early Compensability Assessment, M.D., 03/25/09
- Impairment Rating Evaluation, M.D., 04/02/09, 05/12/09
- Occupational Therapy, Ms. 04/06/09, 04/09/09, 04/13/09, 04/15/09, 04/16/09, 04/20/09, 04/23/09, 04/27/09, 04/30/09
- Office Note, Dr. 05/18/09
- Electrodiagnostic Study, Dr. 05/21/09
- Designated Doctor Evaluation (DDE), M.D., 07/08/09
- Required Medical Evaluation (RME), M.D., 09/03/09
- New Patient Visit, M.D., 09/18/09
- Follow up Visit, Dr. 10/09/09, 11/16/09, 01/29/10, 06/11/10, 09/17/10
- Designated Doctor Evaluation (DDE), M.D., 12/08/09, 08/31/10
- Pre-Certification, Dr. 09/28/10
- DWC Form 73, D.C., 10/01/10
- Denial Letter, 10/01/10, 11/02/10
- Required Medical Evaluation (RME), M.D., 11/16/10
- The ODG Guidelines were provided by the carrier or the URA.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was straightening a truck on the green stacker elevator when he experienced a pop in his elbow joint. He was initially treated with a Medrol DosePak and over-the-counter analgesics. An MRI of the right elbow was normal. The patient attended ten sessions of occupational therapy. An electrodiagnostic study was normal. A right elbow lateral epicondylar debridement was requested.

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

This patient sustained an elbow injury on the date in question. The patient was initially diagnosed with an elbow strain and possible triceps tendinitis, but this quickly focused to the lateral epicondyle. This patient has been treated for this since 2009, including injections and therapy. He has been on a home exercise program. In my opinion, the patient has failed conservative management as outlined in the ODG Guidelines for well over six months, including physical therapy, injections, a home exercise program, and activity modifications. I agree with the latest Designated Doctor Evaluation that this patient is a candidate for right elbow lateral epicondylar debridement.

Therefore, I believe the request of right elbow lateral epicondylar debridement for medically reasonable and 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)**

**AMA GUIDES 5<sup>TH</sup> EDITION**