

SENT VIA EMAIL OR FAX ON
Jun/08/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Elbow Extensor Origin and Anconeus Muscle Flap

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Texas Licensed M.D., Board Certified in 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

OD Guidelines

1. Request for IRO
2. Utilization review determination dated 04/04/11
3. Utilization review determination dated 04/13/11
4. Clinical records Dr. 03/29/11, 04/04/11, 11/17/10, 12/08/10, 01/13/11, 01/31/11, 02/08/11
5. Fax cover sheet 03/29/11
6. Physical therapy treatment notes
7. Maximum medical improvement impairment rating dated 02/17/11
8. DWC form 73s
9. Electrodiagnostic study dated 12/02/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries to his right elbow on xx/xx/xx. He felt a sharp pain in his right elbow. He is reported to have been

treated with NSAIDs, Flexeril, bracing, medial epicondyle steroid injection and elbow arthrosis. The injured employee was subsequently referred to Dr. on 11/17/10. Dr. notes the history above. Past medical history includes obesity and degenerative joint disease of the knee. Current medications include Celebrex and Flexeril. On physical examination the injured employee has tenderness at the lateral epicondyle, lateral elbow pain with resisted dorsiflexion, tenderness at the medial epicondyle and negative MCL stress test of the elbow. Extension is to 0 degrees. Flexion is to 120. Supination is 70 and pronation is 70. There is positive Tinel's at cubital tunnel. There is positive wrist compression test. Sensation is intact. The claimant was diagnosed with lateral epicondylitis and elbow enthesopathy. He subsequently was referred for EMG/NCS to rule out cubital tunnel syndrome. This study was performed on 11/29/10 and indicates evidence of mild right median neuropathy at wrist. There is no evidence of ulnar neuropathy at elbow.

The claimant was seen in follow-up by Dr. on 12/08/10. The claimant presents in follow-up reporting less elbow pain after recent steroid injection but continues to complain of right hand numbness. There is no significant change in his physical examination. He is opined to have right elbow lateral and medial epicondylitis and median and ulnar neuropathy and subsequently was recommended to undergo night time bracing. The claimant was provided wrist / hand orthosis.

On 01/13/11 the claimant was seen in follow-up. He is reported to have minimal improvement with night time wrist bracing. It is noted that he has had improvement of his lateral and medial epicondylitis improved with conservative treatment and right carpal tunnel syndrome resistant to conservative treatment. Subsequent request was made for surgical intervention.

On 01/31/11 the claimant was seen in follow-up and reports increased elbow pain. It is reported the claimant's carpal tunnel syndrome is not accepted by carrier. There are no significant changes in claimant's physical examination. He was subsequently referred for physical therapy for recurrent lateral and medial epicondylitis. He was continued with bracing and provided oral medications.

On 02/17/11 D.C., the claimant's treating chiropractor finds the claimant is not at maximum medical improvement and should be allowed to finish physical therapy.

On 03/29/11 the claimant was seen in follow-up by Dr.. He has continued complaints of right elbow pain. There is no significant change in his physical examination. He subsequently is recommended to undergo surgical release of the right elbow extensor origin and anconeus muscle flap.

On 04/04/11 the request was reviewed by Dr.. Dr. notes the request for right elbow extensor origin and anconeus muscle flap is not medically necessary at this time. He notes the claimant has continued right elbow pain with positive physical examination findings despite conservative treatment to include injections and therapy. He notes no prior procedure notes and / or treatment notes were submitted for review to assess the dates of service and efficacy of treatment. He further notes there are no imaging studies for review to assess the claimant's right elbow pathology. He notes that ODG does not recommend surgical intervention for lateral epicondylitis and that patients should be unresponsive to 6 months of conservative treatment prior to consideration of surgery. As a result he finds the submitted clinical documentation does not support medical necessity for the request.

A subsequent appeal request was reviewed on 05/13/11 by Dr.. Dr. notes that the clinical record contains no imaging studies of elbow to validate that there was structural changes to the extensor tendon at the elbow to establish medical necessity of anconeus muscle flap. He notes the injured employee's duration of response to steroid injections and the use of a well done home exercise program are not adequately discussed. He reports that the use of an anconeus muscle flap has been mainly evaluated by retrospective studies and has been used in salvage cases. He opines that the necessity of this anconeus muscle flap versus other techniques requires further validation. Based on the available data Dr. non-certifies the request

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

The request for right elbow extensor origin and anconeus muscle flap is not supported by the submitted clinical information. The available data indicates that the injured employee has recalcitrant right elbow pain secondary to medial and lateral epicondylitis. The records do not firmly establish the injured employee's failure to conservative care and there's a lack of supporting information to establish the injured employee has failed appropriate conservative treatment. Further the submitted clinical records do not indicate any imaging studies have been performed and there were no advanced imaging studies presented for review. Clearly these studies are indicated for surgical planning and critical to a determination critical to the establishment of medical necessity for the proposed procedure. Based upon the totality of the clinical information the previous denials were appropriate and are upheld.

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)