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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Release of the Left lateral epicondyle and long arm splint

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Elbow Chapter – Surgery for epicondylitis, splinting
Designated Doctor Evaluation, Dr. 12/07/10
Office Visits, Dr. 11/17/10, 02/18/11, 02/25/11, 02/28/11, 03/11/11
Work Hardening/conditioning Notes, 10/08/10 – 10/12/10
Peer Review, Dr. 04/08/11
Peer Review, Dr., 03/08/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male with a date of injury of xx/xx/xx. The claimant's records contain a 12/07/10 designated doctor examination (DDE) indicating the claimant's reports of constant pain in his arms, forearms, wrists and elbows. Examination of the left elbow noted range of motion was 0 to 140 degrees. There was tenderness to the lateral epicondyles bilaterally without swelling. Muscle strength testing of the elbow extensors and flexors was 5/5 bilaterally. The diagnosis was lateral epicondylitis right and left. The claimant has been assessed as reaching maximal medical improvement. The claimant had a series of orthopedic evaluations from 11/17/10 through 03/11/11. The claimant's examination of the left elbow on 11/17/10 indicated tenderness present at the lateral epicondyle. There was no swelling and no crepitus and normal range of motion. The impression was left elbow lateral epicondylitis. A follow-up exam of 02/18/11 indicated that the claimant had undergone surgery on the right elbow on 02/11/11. There was no updated examination on the left elbow with an impression of left elbow lateral epicondylitis. Similarly, on 02/28/11 and 03/11/11, there was no updated physical examination of the claimant's left elbow.

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

Official Disability Guidelines Elbow Chapter indicates surgical treatment for lateral epicondylitis is “under study.” The evidence-based literature suggests that almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening and lower intensity to allow for maladaptive change. Patients who are recalcitrant to six months of conservative therapy including a corticosteroid injection may be a candidate for surgery. There currently are no published controlled trials of surgery for lateral elbow pain. In this claimant’s case, there is no documentation of six months of controlled conservative therapy. There is no documentation of a corticosteroid injection being given to the claimant’s lateral left elbow. Additionally, the claimant’s physical examination on two occasions failed to reveal any objective findings other than the reported lateral tenderness. There was no crepitus. The claimant’s range of motion is normal. There is no reported positive provocative testing for lateral epicondylitis.

There is a lack of documentation of failure of sufficient conservative treatment including a series of corticosteroid injections. The records are absent any evidence of objective impairment on physical examination There is no documentation of provocative testing for lateral epicondylitis. Based on the Official Disability Guidelines and the reviewer’s medical judgment and clinical experience, the reviewer finds there is no medical necessity for Release of the Left lateral epicondyle and long arm splint.

Official Disability Guidelines Treatment in Worker’s Comp, 16th edition, 2011 Updates, Elbow Chapter – Surgery for epicondylitis, splinting

Under study. Almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive change. Any activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery. There currently are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatment fails, but over 95% of patients with tennis elbow can be treated without surgery.

Splinting - Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If used, bracing or splitting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006) Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. (Faes, 2006) (Faes2, 2006) Static progressive splinting can help gain additional motion when standard exercises seem stagnant or inadequate, particularly after the original injury. Operative treatment of stiffness was avoided in most patients. (Doornberg, 2006) These results differ from studies testing standard bracing which, showed little to no effect on pain.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)