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## Notice of Independent Review Decision

**DATE OF REVIEW:** 03/23/11

**IRO CASE #:**

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

Left elbow injection

### **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.

Left elbow injection – Upheld

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

Evaluations with M.D. dated 02/18/02, 10/10/05, 06/14/06, 09/18/06, 12/04/06, 02/01/07, 05/02/07, 05/22/08, 04/01/09, 11/04/09, 03/01/10, 07/21/10, and 01/28/11

A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 02/02/11

A letter of non-certification, according to the ODG, from D.O. dated 02/25/11

On 03/09/11, Dr. wrote a letter Associates

The ODG Guidelines were provided for review

### **PATIENT CLINICAL HISTORY**

On 02/18/02, Dr. recommended gradually increased activities of daily living (ADLs) and a support strap. On 10/10/05, 06/14/06, 02/01/07, 05/02/07, 05/22/08, and 11/04/09, Dr. performed an MHE steroid injection. On 09/18/06 and 12/04/06, Dr. performed trigger point injections. Left elbow steroid injections were performed by Dr. on 04/01/09, 03/01/10, and 07/21/10. On 01/28/11, Dr. recommended another steroid injection to the elbow. On 02/11/10, Dr. wrote a letter of non-certification for a left elbow injection. On 02/25/11, Dr. also wrote a letter of non-certification for a left elbow injection.

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

This patient has basically been receiving anywhere from one to three injections a year, essentially each year since 2005. It appears plainly obvious that this patient is not going to get better with Cortisone injections alone. Although Cortisone injections are useful as an adjunct treatment in epicondylitis, Cortisone injections by themselves will provide little to no relief. The Official Disability Guidelines (ODG) recommend a single injection as a possibility for short term pain relief in cases of severe pain from epicondylitis. However, it is noted the beneficial effects persist only for a short time and the long term outcome could be poor. The ODG also states, "Corticosteroid injection does not provide long term clinically significant improvement in the outcome of epicondylitis and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit". Therefore, at this time, the

recommended left elbow injection is not appropriate and the previous adverse determinations should be upheld.

### **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 AND KNOWLEDGE BASE
- 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)