

SENT VIA EMAIL OR FAX ON  
Mar/09/2011

## Applied Resolutions LLC

An Independent Review Organization  
900 N. Walnut Creek, Suite 100 PMB 290  
Mansfield, TX 76063  
Phone: (214) 329-9005  
Fax: (512) 853-4329  
Email: manager@applied-resolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/08/2011

**IRO CASE #:**

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

Left Elbow with Origin Detachment

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

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**

OD Guidelines

1. Utilization review determination 12/07/10 regarding non-certification left elbow with origin detachment
2. Reconsideration/appeal utilization review determination 12/30/10 regarding non-certification left elbow with origin detachment
3. Office visit notes 05/07/10-01/17/11
4. Physical therapy evaluation, progress notes and discharge summary 09/10/10-12/27/10
5. Medical assistant surgery checklist 11/29/10 and 09/29/10
6. Clinical laboratory report 12/04/10
7. Designated doctor evaluation report 11/08/10
8. MRI left elbow 04/08/10
9. Office notes 04/09/11
10. Patient medical questionnaire 09/10/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female. The records indicate that she hit her left elbow against a metal object. The injured employee was diagnosed with left lateral epicondylitis. MRI of the left elbow performed 04/08/10 revealed interstitial partial tear of the common extensor tendon origin at the lateral epicondyle; no full thickness rupture was identified. The injured employee was treated with physical therapy, brace counter force bracing, home exercise program and

left lateral epicondylar injection. The injured employee initially improved then symptoms returned. Designated doctor evaluation performed by Dr. on 11/08/10 found the injured employee to have not reached maximum medical improvement. Dr. noted there was quite visible swelling of the elbow over the left lateral epicondyle with very focal tenderness over the point as well. There was decreased range of motion in terms of extension and supination. Diagnosis was recurrent left lateral epicondylitis with an interstitial partial tear of the common extensor tendon origin at the left lateral epicondyle. Dr. noted the injured employee was not at maximum medical improvement as she is requiring surgery per the orthopedics. Examination on 11/29/10 reported left elbow range of motion extension 25 degrees (active), flexion 130 degrees (active). Right elbow ranges of motion tests were normal. Elbow strength in both flexion and extension were normal. Provocative tests were none on the right, positive for resisted wrist extension, resisted digital extension on the left side. Point of maximum tenderness tests were none on the right, positive for lateral epicondyle on the left side. Forearm strength in both supination and pronation were normal. Wrist examination showed normal findings. Hand examination showed normal findings. The injured employee was recommended to undergo surgery with left lateral epicondylar debridement.

A utilization review request for left elbow with origin detachment was reviewed by Dr. on 12/07/10. Dr. determined the request to be non-certified. Dr. noted that medical records dated 11/29/10 showed persistent left elbow pain, with physical examination revealing limited active range of motion with 25 degrees of extension and 130 degrees of extension (flexion). There was positive left elbow provocative test on resisted wrist extension and resisted digital extension. There is tenderness on the left lateral epicondyle. The injured employee had multiple non-operative treatments with improvement in overall elbow functions. Dr. noted there was no documentation provided with regard to the failure of the injured employee to respond to three to six months of conservative measures such as evidence based exercise program, pain modalities, steroid injections and medications prior to the proposed surgical procedure. He further noted the presence of other co-existing pathologies in the left elbow must be investigated if the injured employee has poor response to conservative treatment. With this recent imaging study the left elbow must be obtained to determine the presence of degenerative tissue in the ECRB muscle origin and can help diagnose concomitant pathology.

An appeal request for left elbow with origin detachment was reviewed by Dr. on 12/30/10 and Dr. determined the request to be non-certified. Dr. noted that the clinical records indicate that the injured employee has been treated conservatively with oral medications and physical therapy. The physical therapy rendered to the injured employee was noted; however, the objective response to pain medications given was not included for review. Furthermore Dr. noted that the clinical information did not provide objective documentation to the injured employee's clinical and functional response from the mentioned injection that includes sustained relief, increased performance and activities of daily living and reduction in medication use. Dr. concluded that it cannot be determined if conservative treatments initiated for the injured employee had failed to provide any functional benefit for the injured employee certification was not supported at this time.

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

Based on the clinical information provided, the proposed surgical procedure left elbow with origin detachment is recommended as medically necessary. The injured employee is noted to have sustained an injury when she struck her left elbow against an object. The injured employee was diagnosed with left lateral epicondylitis. The injured employee was treated conservatively with bracing, physical therapy/home exercise program, and left lateral epicondylar injection. The injured employee was also prescribed medications including anti-inflammatories, Celebrex and pain medications (Lortab). The injured employee's examination findings were consistent with left lateral epicondylitis. Per designated doctor evaluation on 11/08/10, the injured employee had not reached maximum medical improvement as she required surgery. Per ODG guidelines, surgical intervention may be

considered when other treatment fails. The guidelines further note that epicondylitis is a common clinical diagnosis and MRI is generally not necessary. Noting that the injured employee had an appropriate course of conservative treatment but remained symptomatic, the request for surgical intervention is indicated as medically necessary.

**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)