

SENT VIA EMAIL OR FAX ON
Mar/16/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Elbow Lateral Release

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

Board Certified Orthopedic and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Certified letter 03/01/11 regarding information submitted for IRO review
2. Clinical records M.D. 09/02/10-12/28/10
3. Hand / upper extremity evaluation 09/23/10
4. Utilization review determination 10/04/10 regarding authorization physical therapy right elbow
5. Occupational therapy progress report 10/12/10, 10/18/10, and 10/21/10
6. Medical records / peer review 11/11/10
7. Transmittal letter regarding peer review report dated 11/22/10
8. Evaluation / office visit notes 01/13/11 and 02/10/11
9. Utilization review determination 01/31/11 regarding non-authorization medical necessity for right elbow lateral release
10. Utilization review determination regarding non-authorization reconsideration request right elbow lateral release 02/18/11
11. Adverse determination letter 01/31/11 regarding non-authorization right elbow lateral release

12. Adverse determination letter reconsideration 02/18/11 right elbow lateral release
13. Form DWC PLN

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is XX/XX/XX. Records indicate the injured employee sustained a strain or tear of the right elbow while stacking boxes. The injured worker was diagnosed with right lateral epicondylitis. The injured worker was treated conservatively with steroid and local anesthetic injection into the lateral epicondyle of the right elbow, brace, medications, and physical therapy. The injured worker was prescribed Naprosyn. He subsequently underwent a course of occupational therapy. The injured employee was seen by Dr. on 01/13/11 with chief complaint of right elbow pain. Dr. noted the injured employee had been treated with two injections, which helped temporarily as well as bracing, medications, and physical therapy. However, the injured employee continued with pain with grasping and lifting with the right arm. Physical examination of the right elbow demonstrated tenderness to the lateral epicondyle. There was pain with resisted extension of the wrist. There was tenderness to the dorsal forearm muscular compartment. Median, radial and ulnar nerves were intact. Right shoulder demonstrated no pain with range of motion. Due to persistence of symptoms and failure of conservative treatment, Dr. recommended lateral release of the right elbow.

A preauthorization request for right elbow lateral release was reviewed on 01/31/11 by Dr. who determined the request was non-certified as medically necessary. Dr. noted that non-surgical treatment is the main state of care for patients with epicondylitis, and there currently are no published or controlled trials with surgery for lateral elbow pain. Accordingly, Dr. noted it is impossible to draw conclusions about the value of surgery. The injured employee was also noted to have diabetes and reported to be at risk of increasing complications with surgery.

A reconsideration / appeal request for right elbow lateral release was reviewed on 02/18/11 by Dr. who determined the request was non-certified. Dr. noted that ODG guidelines do not support right elbow lateral release. This was under study and almost all claimants responded to a lower level of care and denied requiring surgical intervention. Accordingly Dr. determined the request to be non-certified.

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

Based on the clinical data provided, the request for right elbow lateral release is indicated as medically necessary. The injured employee is noted to have sustained an injury to the right elbow secondary to stacking boxes. His condition was further exacerbated after the injured employee assisted in installation of equipment. The injured employee was diagnosed with lateral epicondylitis. He was treated conservatively with bracing, medications, therapy, and injection times two of the right elbow with temporary relief. Official Disability Guidelines indicate that surgery for epicondylitis is under study and that almost all patients respond to conservative measures and do not require surgical interventions. However, surgical intervention may be considered when other treatment fails. In this case all other treatment including therapy, medications, bracing, and injections failed and the injured employee remains symptomatic. Accordingly the proposed surgical procedure is recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES