Parker Healthcare Management Organization, Inc.
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 9, 2011 AMENDED: MAY 10, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed right tennis elbow release with repair (24358, 24359) and right radial tunnel release with extensor tenotomy (64708, 25290)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☐ Overturned (Disagree)

XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
354.3	24353		Prosp	1					Overturned
354.3	24359		Prosp	1					Overturned
354.3	64708		Prosp	1					Upheld
354.3	25290		Prosp	1					Upheld

Request for an IRO-18pages

URA records- a total of 71 pages of records received to include but not limited to:
Notice of an IRO; Dr. records 1.4.07-2.26.08; Dr note 10.11.07; Orthopedic records 5.21.10-3.21.11; various forms dated 12.7.06-3.21.11; MRI Rt Elbow 5.26.10; MRI Cervical Spine 4.1.11; Clinical pathology report 1.4.08; Operative reports 6.13.07-1.4.08

Respondent records- a total of 20 pages of records received to include but not limited to:
Orthopedic records 5.21.10-3.07.11; MRI Rt Elbow 5.26.10

Requestor records- a total of 21 pages of records received to include but not limited to:
Letter 4.18.11; Orthopedic records 5.21.10-3.7.11; MRI Rt Elbow 5.26.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury on XX.XX.XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

DECISION I: The request for the tennis elbow release with repair is overturned. ODG guidelines have been met. For the minority of people with lateral epicondylitis who do not respond to non-operative treatment, surgical intervention is an option even though it is not uniformly successful. Therefore, based on the ODG guideline criteria being met and my professional judgment, the requested right tennis elbow release with repair is overturned.

DECISION II: The request for the right radial tunnel release with extensor tenotomy is upheld. According to ODG guidelines, surgery for radial tunnel syndrome is recommended as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. The results of surgery are unpredictable and remain controversial and may be less successful if there are coexisting additional nerve compression syndromes or lateral epicondylitis. Therefore, ODG guidelines for radial tunnel surgery have not been met. Therefore, the denial for radial tunnel release with extensor tenotomy is upheld.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES