US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail, Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Surgical release of the lateral epicondyle

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

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the injured employee is noted to complain of pain in left elbow over the lateral epicondyle. Per office note of 02/28/11, Dr. notes the injured employee was treated by with injection of lateral epicondyle that helped for about a day then pain resumed. MRI reportedly was consistent with lateral epicondylitis of the left elbow with tear in the extensor tendon. Physical examination reported pain on palpation over lateral epicondyle and pain on resisting extension of middle finger. The injured employee lacks 20 degrees of full extension of left elbow and flexes to 150 degrees. Pronation and supination were full. X- rays of the left elbow did not show any fracture or dislocation. By review dated 03/07/11, a request for surgical release of lateral epicondyle was determined as not medically necessary. It was noted that ODG guidelines state surgical release for epicondylitis is under study, but recognized individuals who have failed exhaustive period of conservative treatment over course of 6 months, surgery can be option. It was noted that the injured employee's date of injury is only x months ago. He apparently was treated with physical therapy, tennis elbow strap, and activity modification as well as a single injection. It was noted that the injured employee had not failed a reasonable course of conservative treatment as he had only been through approximately 3 months of conservative treatment. It was noted it would be reasonable to consider second injection and reinstitution of exercise program. A reconsideration request was reviewed on 03/31/11, and the proposed surgical release of lateral epicondyle was determined as not medically necessary. It was noted that Official Disability Guidelines reflect that almost all claimants respond to conservative measures and

do not require surgical intervention. Patients who are recalcitrant to 6 months of conservative treatment including cortisone steroid may be candidates for surgery. In this case it was noted the injured employee was only x months out from injury, and therefore, surgery cannot be certified as medically necessary. If the injured employee fails appropriate course of conservative treatment of 6 months duration, he may be candidate for surgery.

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

Based on the information provided, the proposed surgical release of the lateral epicondyle is not found by this reviewer to be medically necessary at this time. The injured employee is noted to have sustained an injury to the left elbow on xx/xx/xx. He has been treated with physical therapy, elbow strap, activity modification, and a single injection of lateral epicondyle. Per ODG guidelines, surgery for epicondylitis is under study. The guidelines note that nearly all patients respond to conservative treatment and do not require surgical intervention. Patients who are recalcitrant to 6 months of conservative treatment including corticosteroid injections may be candidates for surgery. Noting that this injury occurred less than five months ago and the injured employee has had less than 6 months of conservative treatment, medical necessity for surgical release of the lateral epicondyle is not established according to ODG criteria.

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)