

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/11/2011

**IRO CASE #:**

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

Right Elbow Extensor Origin Release and Anconeus Muscle Flap, Right Elbow

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

M.D., Board Certified General 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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained an injury to the right elbow on xx/xx/xx. She complains of constant pain to the right elbow. Initial treatment included anti-inflammatory medications, ice and heat pack, and occupational therapy. The claimant also underwent injection of the right elbow lateral epicondyle area on 04/21/11 and 05/05/11. The claimant also underwent activity modification and elbow bracing without significant improvement. The claimant was recommended to undergo release of right elbow extensor origin and anconeus muscle flap.

Utilization review determination dated 07/18/11 recommended adverse determination for right elbow extensor origin release and anconeus muscle flap right elbow. It was noted the claimant is a diabetic with no documentation as to blood sugar control. Current evidence based guidelines were noted to reflect that over 90% of lateral epicondylitis cases resolve without any surgery. A need to confirm blood sugar under control and review other possible causes of chronic / recurrent symptoms prior to operative intervention was noted.

A reconsideration request was reviewed and adverse determination rendered on 08/22/11. It

was noted that ODG criteria for epicondylectomy requires all conservative treatment to be exhausted, but this does not appear to be the case. Additionally, the individual is diabetic and there is no mention of diabetic status. Received (HG A1c) on preoperative workup. As poorly controlled diabetes would be contraindication, in diabetic status increases risk of surgery. At this point given the available information, denial was recommended.

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

This claimant is noted to have sustained an injury to the right elbow while removing shelves and putting up grids. She was diagnosed with lateral epicondylitis. Treatment was noted to include activity modifications, NSAIDs, elbow bracing, elbow steroid injection, and therapy without significant improvement. The claimant's clinical presentation, physical examination, and imaging findings were noted to be consistent with right elbow lateral epicondylitis, which remained symptomatic despite conservative treatment. Per Lab Corp report, the patient was noted to be at increased risk for diabetes. Official Disability Guidelines provide that almost all patients respond to conservative measures and do not require surgical intervention. However, surgical intervention may be considered when other treatment fails. The claimant in this case has undergone extensive conservative treatment and surgical intervention is indicated as medically necessary. For this reason, the reviewer finds there is a medical necessity for Right Elbow Extensor Origin Release and Anconeus Muscle Flap, Right Elbow.

**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)