I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient surgery: right elbow partial epicondylectomy common extensor tendon repair

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. 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
Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates. Elbow
X-ray report right elbow 04/14/11
Dr. office notes 04/21/11, 05/17/11, 07/07/11,
MRI report right elbow 05/04/11
Physical therapy reports 05/20/11, 06/13/11
Authorization request
Peer review reports 07/15/11, 08/02/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a right elbow injury on xx/xx/xx when a belt slipped and slammed his elbow into a frame. The diagnosis is lateral epicondylitis and common extensor tear. X-ray of the right elbow on 4/14/11 showed olecranon spurring with chronic bursitis. The claimant was seen by Dr. on 04/21/11 with right elbow pain. He had pain against resistance along the extensor attachment at the elbow and tenderness at the lateral epicondyle. MRI of the right elbow on 5/4/11 showed soft tissue swelling particularly over the extensor aspect of the elbow, spurring extending from the olecranon, tendinopathy and/or partial tear of the triceps tendon at the insertion in the olecranon.

On 05/17/11 Dr. administered a steroid injection to the fascia of the extensor tendon over the lateral epicondyle. He ordered NSAIDS and an epicondylar strap. Physical therapy was ordered and the claimant completed 11 visits. On 07/07/11 the claimant's main tenderness was over the lateral epicondyle and lateral epicondylar attachment of the common extensor tendon. The claimant lacked five degrees to full extension and full flexion. The physician has recommended partial lateral epicondylectomy and repair of the common extensor tendon at the lateral epicondyle.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
If one looks to the Official Disability Guidelines surgery for elbow epicondylitis, almost all

claimants respond to conservative measures and generally do not require surgical intervention. The claimants who are recalcitrant to six months of conservative therapy may be candidates for surgery. In this case this claimant has been treated conservatively for less than six months. Therefore, outpatient surgery: right elbow partial epicondylectomy common extensor tendon repair would not be considered medically necessary at this time, based on the Official Disability Guidelines.

Surgery for epicondylitis

Under study. Almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening and lower intensity to allow for maladaptive change. Any activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery.

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)