

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/28/2012

**IRO CASE #:**

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

Right Lateral epicondylar, Debridement poss. ECRB and partial triceps debridement

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

Board Certified Orthopedic Surgeon (Joint)

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds that the requested Right Lateral epicondylar, Debridement poss. ECRB and partial triceps debridement is indicated as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes 06/15/11-09/26/12

MRI right elbow 08/23/12

Adverse determination letter 09/19/12

Adverse determination letter 10/25/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who reportedly was injured secondary to repetitive use. She complains of right elbow pain. She has been diagnosed with lateral epicondylitis. Electrodiagnostic testing on 07/28/11 was reported as a normal study with no evidence of radiculopathy, and no evidence of carpal or cubital tunnel syndrome. The claimant was treated with splinting, therapy, stretching, anti-inflammatory medications, and injection of the right elbow times two. MRI of the right elbow dated 08/23/12 revealed moderate insertional triceps tendinosis on the right with peri tendinous edema and low grade interstitial tearing, but no high-grade tear. There was moderate medial epicondylitis with edema over the proximal 2cm of the pronator teres origin. There was very mild lateral epicondylitis. Small right elbow effusion also was noted. There was mild enlargement of the ulnar nerve within the cubital tunnel, with no soft tissue mass seen. On 08/29/12 the claimant presented with right elbow pain, and numbness and tingling to the index, middle and ring fingers dorsally on the right hand. It was noted that the claimant had been treated conservatively for over a year including ergonomic workstation, splinting, and three injections, as well as therapy and

medications without much relief. Physical examination reported pinwheel and pinprick were grossly intact to the medial distribution, but a little diminished with the radial distribution of the dorsum of the hand. There was tenderness over the lateral epicondyle, and slight widening of the skin from the injection site. She has good strength of the intrinsics. There was positive Tinel over the cubital tunnel. There was pain with resisted wrist extension to the left epicondyle. The claimant was recommended to undergo right lateral epicondyle debridement with possible ECRB and partial tricep debridement.

A pre-authorization request for right lateral epicondyle debridement with possible ECRB and partial tricep debridement was non-authorized per adverse determination letter dated 09/19/12, noting that office note dated 08/29/12 reported only very mild lateral epicondylitis per the MRI. The MRI did not show significant changes over the lateral epicondyle (extensor group). The symptoms (numbness) reported to Dr. did not correlate with lateral epicondylitis. It was noted the diagnosis of lateral epicondylitis is subjective and inconsistent and the need for surgery is not confirmed.

An appeal request for right lateral epicondylar, debridement possible ECRB and partial triceps debridement was non-authorized per adverse determination letter dated 10/25/12. It was noted that the claimant has been diagnosed with lateral epicondylitis as well as additional diagnosis of medial epicondylitis. She has been treated conservatively with physical therapy, splinting, and injection into the elbow region. MRI of the right elbow on 08/23/12 documented moderate insertional triceps tendinosis with some peri tendinous edema and low grade interstitial tearing, but no high-grade tear. There was moderate medial epicondylitis with edema over the proximal 2cm of the pronator teres origin. Very mild lateral epicondylitis was noted. There was mild enlargement of the ulnar nerve within the cubital tunnel. Most recent objective physical examination findings from 09/26/12 documented pain at the epicondyle, but medial/lateral was not specified. There was pain noted with wrist extension at the lateral epicondyle. A smooth arc of motion was noted. There was pain over the triceps insertion just at the tip of the olecranon. There was pain with extension of the elbow. Electrodiagnostic studies were accomplished on 07/28/12 and noted to be normal. Reviewer noted that the objective physical examination findings have varied. The claimant has had complaints of numbness, tingling, and other findings. MRI findings have been reviewed and only documented mild findings over the lateral epicondylar region with more significant findings over the medial epicondylar region. Medical records presented do not document that lower levels of care with physical therapy directed at the triceps tendon or extensor carpi radialis brevis have been attempted. It was further noted there were minimal imaging studies supporting the lateral epicondylitis as the main pain generator. There also were no significant findings in regard to the extensor carpi radialis brevis to support reconsideration of debridement of that region. As such, previous non-certification was reviewed and was based on the fact that there were primarily subjective complaints of lateral epicondylitis with inconsistent physical examination findings to support the diagnosis of lateral epicondylitis. It was noted that although it does appear that more recent physical examination findings submitted since last that there is a more recent physical examination submitted to be reviewed since the last non-certification, this does not result in an overturn of the previous non-certification as physical examination findings have not been all that consistent and imaging studies are not consistent with lateral epicondylitis requiring surgical intervention at this time.

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

The claimant sustained a repetitive motion injury to the right elbow. She was diagnosed with lateral epicondylitis. She has undergone extensive treatment including splinting, stretching, anti-inflammatory medications, and three injections without resolution of symptoms with limited benefit. Although the MRI revealed only mild lateral epicondylitis, the claimant does have examination findings consistent with lateral epicondylitis including increased pain with resisted wrist extension. Per Official Disability Guidelines, patients who are recalcitrant to six

months of conservative therapy including corticosteroid injections may be candidates for surgery. It appears that the claimant does meet Official Disability Guidelines criteria. Therefore, the reviewer finds that the requested Right Lateral epicondylar, Debridement poss. ECRB and partial triceps debridement is indicated as medically necessary.

**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)