MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 12/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of release rt elbow extensor origin w/ anconeous muscle flap, neuroma reselcton to proximal level.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of release rt elbow extensor origin w/ anconeous muscle flap, neuroma reselcton to proximal level.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Texas Department of Insurance, M.D.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Texas Department of Insurance
Texas Department of Insurance
    Intake paperwork
Corporation
    Denials- 11/14/12, 11/6/12
    Letter by - 11/29/12

Records reviewed from
ODG
    ODG Guidelines
Orthopedics
    Preauthorization Request- 11/2/12
    Office Notes- 11/2/12, 10/10/12, 9/19/12
Diagnostic Imaging
    MRI Right Elbow- 10/30/12

Records reviewed from M.D.
M.D.
    Office Notes- 8/26/12, 9/28/12, 11/16/12
    ECG- 9/19/12
Hospital
    Operative Report- 5/4/11
Surgical Center
    Operative Report- 9/27/12
Texas Workers' Compensation
    Work Status Report- 9/28/12

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Attending Physician's records were reviewed. The claimant was injured causing right elbow and shoulder injury." Most recently, as of xx/xx/xx; The claimant has had persistent right elbow pain despite a right ulnar nerve transposition and revision of same, including neurolysis. Exam findings included tenderness, swelling and elbow pain with resisted wrist dorsiflexion. There was "Diminished sensation and tenderness medial aspect of the elbow consistent with painful medial antebrachial nerve neuroma." The 10/30/12 dated right elbow MRI was noted to show lateral epicondylitis and elbow degenerative changes. Treatment trial and failures included medications and injections and restricted activities. Denial letters included the lack of guideline support for epicondylitis surgery and the lack of ulnar nerve deficit documented.

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

Recommend approval of requested services. The claimant has signs and symptoms of both lateral epicondylitis and neuroma/neuritis. Treatments have included therapy, medications, restricted activities and injections. These non-operative treatments have been tried and failed over a period of months. Guidelines support surgical intervention in such a circumstance and the requests are therefore reasonable and medically necessary.

Reference: ODG Elbow Chapter

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. There currently are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatment fails, but over 95% of patients with tennis elbow can be treated without surgery. (Buchbinder-Cochrane, 2002) (California, 1997) (Piligian, 2000) (Foley, 1993) (AHRQ, 2002) (Theis, 2004) (Jerosch, 2005) (Balk, 2005) (Sennoune, 2005) (Szabo, 2006) Disappointing results of surgery were found in litigants with epicondylitis. (Kay, 2003) (Balk, 2005) Surgery is not very common for this condition. In workers' compensation, surgery is performed in only about 5% cases. (WLDI, 2007) For the minority of people with lateral epicondylitis who do not respond to nonoperative treatment, surgical intervention is an option. The surgical techniques for treating lateral epicondylitis can be grouped into three main categories: open, percutaneous, and arthroscopic. Although there are advantages and disadvantages to each procedure, no technique appears superior by any measure. Therefore, until more randomized, controlled trials are done, it is reasonable to defer to individual surgeons regarding experience and ease of procedure. (Lo, 2007)

Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring ALL of the following:
- Exercise: Strengthening the elbow flexors/extensors isometrically and isotonically within 0-45 degrees
- Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma.
- Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve.

Nerve Repair surgery- Recommend nerve reconstructive surgery by repair or graft for lacerated nerves. After nerve injury function is lost and the nerve ends will separate. Only if the nerve is surgically repaired soon after injury will it be possible to avoid using nerve grafts to span a gap between the cut nerve ends. (Dorf, 2010)Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence.

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

- ☐ ACOEM- AMERICAN 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)