

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Right elbow

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

IRO referral documents

Pre-authorization denial 11/08/12

Reconsideration denial 11/20/12

SOAP notes 01/11/12-10/31/12

SOAP notes 10/21/04-04/26/05

MRI right elbow 01/03/12

MRI right shoulder 01/27/05

MRI right shoulder 09/23/04

Operative report right elbow lateral fascial repair with osteotomy 03/27/12

Operative report right shoulder arthroscopy with synovectomy and loose body excision 02/25/05

Operative report right open rotator cuff repair with acromioplasty 10/13/04

Physical therapy initial evaluation and progress notes 01/30/12-06/07/12

Response to IRO 11/30/12

Pre-authorization request 11/05/12

Pre-authorization 02/28/12 and 05/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury was xx/xx/xx. Records indicated that his right elbow hit against a bar carrying bucket. The claimant was status post right shoulder open rotator cuff repair with acromioplasty on 10/13/04. The claimant subsequently underwent

right shoulder arthroscopy with synovectomy and loose body excision on 02/25/05. The claimant was noted to have failed conservative treatment and underwent surgical intervention for right elbow lateral epicondylitis on 03/27/12 followed by post-operative therapy. Post-operatively, the claimant continued to complain of pain/discomfort. Per SOAP note dated 10/15/12, it was noted that his complaints of pain/discomfort appeared to be related to lack of conditioning after strengthening. On 10/31/12, the claimant was noted to have some pain and popping since working and carrying heavy buckets of sand. On examination, the claimant had burning pain in the forearm down to the ring finger. There was tenderness over the lateral epicondyle to a significant degree. There was lateral pain with stretch testing. Range of motion was full. There was no significant neurological deficit. Vascular status was intact. There was no significant swelling. The claimant was recommended to undergo MRI of the right elbow.

A pre-authorization request for MRI of the right elbow was denied per review dated 11/08/12. The reviewer noted that the claimant had surgery for lateral epicondylitis and had persistent lateral elbow pain with radiation to the ring finger. A repeat MRI was requested, but the reviewer noted it was difficult to understand the benefit of repeat study, especially for this type of surgery where there will simply be scarring and thickening of the fascia due to this procedure. Possibly nerve testing was indicated.

A reconsideration request for MRI of the right elbow was denied per review dated 11/20/12, noting that no new or additional clinical information was submitted with the request; therefore, the reviewer concurred with the previous reviewer that post-operative scarring and thickening of the soft tissues would preclude benefit from this study.

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

The request for repeat MRI of the right elbow is not supported as medically necessary based on the clinical data presented. The claimant sustained an injury to the right elbow on 10/11/11. He has a history of previous right shoulder surgery times two. After failing conservative treatment for the right elbow, the claimant underwent surgery for lateral epicondylitis on 03/27/12, followed by post-operative therapy. The claimant continued to complain of right elbow pain with radiation to the ring finger. There is no indication if plain radiographs were obtained that were non-diagnostic. Repeat MRI is of questionable diagnostic value in this setting as noted on previous reviews. The request does not meet Official Disability Guidelines criteria and repeat MRI is not indicated as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES