

SENT VIA EMAIL OR FAX ON
Feb/15/2012

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Arthotomy, Osteotomy, Implant removal

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Pre-authorization determination 11/21/11
Pre-authorization determination 01/05/12
Pre-authorization/utilization review request and reconsideration request
Clinic notes Dr. 09/19/11-01/16/12
Designated doctor evaluation Dr. 06/16/11
Follow-up evaluation Dr. 06/29/11
Functional capacity evaluation 05/09/11
ECG 11/09/11
Upper extremity electrodiagnostic evaluation 10/25/11
Notice of disputed issues and refusal to pay benefits 11/16/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx while walking up a steep set of steps wet from the rain. He fell and sustained a right distal humeral fracture. He underwent ORIF of right distal humerus fracture on 04/25/10 with intercondylar extension and ulnar nerve

anterior transposition. Claimant participated in post-operative physical therapy. Claimant underwent subsequent surgery with removal of hardware. A designated doctor evaluation performed 06/16/11 noted the claimant was not taking any medicine and really has no pain. On examination grip strength on both hands is 5+. Examination of the elbow revealed about 20-30 degrees supination deficit. It was determined that the claimant reached maximum medical improvement as of 06/16/11 with a 7% whole person impairment rating. The claimant was seen on 09/19/11 by Dr. who noted the claimant was still complaining of pain in the right elbow that wakes him from sleep. Dr. opined that the claimant was not at maximum medical improvement, and the impairment rating does not represent his lack of motion and diminished two point discrimination. Electrodiagnostic evaluation was performed on 10/25/11 and reported findings most consistent with a moderate right median nerve entrapment (carpal tunnel syndrome) at the wrist. All other findings were normal without any evidence of peripheral neuropathy, cervical radiculopathy or entrapment present. Dr. saw the claimant in follow-up on 11/09/11, and noted EMG/NCS shows moderate right carpal tunnel syndrome. His symptoms remain unchanged. On examination it was noted grip on the left is 100 pounds, on the right 42 pounds. Neck examination showed normal findings. Shoulder examination showed normal findings. Left elbow range of motion tests were normal. Right elbow range of motion tests noted extension 40 degrees, flexion 125 degrees. Left elbow strength was normal. Right elbow strength test reported 4/5 extension, 4/5 flexion. There was positive tenderness for medial epicondyle on the right side. Right forearm supination was 70 degrees, pronation 60 degrees. Left forearm test was normal. Forearm strength on the left was normal. Right forearm strength revealed 4/5 supination and pronation. Neurologic examination revealed compression tests are negative on the left side, positive for cubital, carpal but negative for cervical on the right. Percussion tests were negative on the left side, positive for cubital, carpal but negative for cervical on the right. Atrophy signs were normal. Two point discrimination was normal on the left side, right side reported 6mm thumb, index and long finger with 7mm ring and small finger. Dr. recommended doing a corrective osteotomy of the olecranon, elbow capsulectomy, formal ulnar nerve transposition right ECTR and humeral hardware removal.

A pre-authorization request for right elbow capsulectomy, ulna osteotomy, implant removal elbow, right ECTR, ulnar nerve transposition was reviewed on 11/21/11 and the request was denied. The reviewer noted the claimant has had previous surgery for right humeral fracture and has had open reduction internal fixation with functional deficits in pronation, supination and flexion in the extension. Current guidelines indicate that ulnar nerve transposition is not usually recommended that simple decompression in most cases can be recommended unless the ulnar nerve subluxed on the range of motion of the elbow. Records indicate the ulnar nerve is subluxing into the medial epicondyle on exam. The request is for ulnar osteotomy to further improve range of motion and strength and decrease pain. X-rays were not presented for this review to indicate the hardware and if it is loose or causing significant issues. X-rays have not been presented to indicate that the olecranon non-union is actually a malunion or causing significant functional deficits. As such request does not meet guidelines.

An appeal request for arthrotomy, osteotomy, implant removal was reviewed on 01/05/12 and the request was denied. It was noted the claimant is status post ORIF of right distal humerus fracture performed 04/25/10. Records also indicate the claimant had subsequent surgery in approximately 08/10 at which time all hardware was removed. The claimant was determined to have reached maximum medical improvement as of 06/16/11 per designated doctor evaluation with 7% whole person impairment. There are no current diagnostic/imaging studies submitted for review. No current physical examination report was provided. Without additional clinical data and insight medical necessity is not established.

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

The clinical data provided does not support a determination of medical necessity for arthrotomy, osteotomy and implant removal. The claimant is noted to have sustained an injury on xx/xx/xx and underwent ORIF of right distal humerus fracture on xx/xx/xx with intercondylar extension and ulnar nerve anterior transposition. The claimant subsequently

underwent additional surgery in 08/10 and records indicate all hardware was removed. Despite postoperative therapy, the claimant continued to complain of pain. Per Dr. examination, the claimant demonstrated 5+ grip strength in both hands, with supination deficit on right. Electrodiagnostic testing performed 10/25/11 revealed findings consistent with right carpal tunnel syndrome and wrist, otherwise normal study. There were no radiographic studies submitted for review. The records indicate the claimant underwent removal of all hardware in 08/10, and it is unclear as to why there would be need for removal of hardware. As such medical necessity is not established, and previous denials should be upheld on IRO.

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)