



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 1-10-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left lateral epicondectomy, 24359, elbow.

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. The reviewer has been practicing for greater than 10 years.

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 agrees with the previous adverse determination regarding the left lateral epicondectomy, 24359, elbow.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Plastic Surgery Center, MD, Health Care.

These records consist of the following:

MDR paperwork including denials 10-27-2011, 11-16-2011
MD reports 11-29-2011, 11-15-2011, 8-16-2011, 7-19-2011, 6-7-2011, 5-10-2011, and 5-4-2011
Diagnostic Center report 11-23-2011
letter 12-9-2011, 8-17-2011
Imaging of report 10-14-2011
request for preauthorization 10-11-2011, 11-7-2011
reports 10-11-2011, 11-15-2011
Occuscript pharmacy benefits

PATIENT CLINICAL HISTORY [SUMMARY]:

The clinical notes from the attending physician were reviewed from 5/4/11 through 11/29/11. The records documented a painful lateral epicondylar area of the left elbow. There was tenderness and pain at the lateral epicondyle area upon resisted wrist extension. Treatment had included medications, splinting and a cortisone injection, which the patient had responded to with markedly decreased pain and improved motion, allowing for essentially full activities. The claimant was doing well, being fully active and was discharged as of 8/16/11. An MRI dated 10/14/11 revealed a lateral condylar osteochondral lesion per the radiologist's report. An 11/23/11 dated MRI report discussed similar findings and lateral elbow joint arthritis. On 11/29/11, the attending physician read the MRI as also showing lateral epicondylitis. The attending physician noted that the claimant was using narcotics for the recurrent elbow pain and that he had failed 7 months of modified work activities and a cortisone injection. The attending physician felt that there was an indication for the proposed surgical intervention.

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

Recommend denial of requested service. Despite the reported failure of non-operative treatments as noted by the attending physician, there were no actual records documenting the specific medications and specific therapy rendered to the claimant's affected elbow. Specifically, there were no dates, notes or other details regarding the trial and failure of medications and therapy and splinting with regards to effect on the visual analog pain scale. Therefore, without such provision of detailed records to date, the attending physician's patient cannot be considered as having failed reasonable and comprehensive non-operative treatment. This is especially valid as the patient had previously responded to treatment such that he was actually back to full activities, doing well and essentially discharged as per the record dated 8/16/11. Overall, a comprehensive trial and detailed failure of non-operative treatment has not been submitted for review. Therefore, applicable clinical guidelines do not currently support the procedure as medically reasonable or necessary at this time.

Reference: ODG Elbow Chapter

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)

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)**