

SENT VIA EMAIL OR FAX ON
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True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Right Elbow Ulnar Nerve Transposition

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
General Surgery, Fellowship: Orthopedic Hand and Upper Extremity 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries to her right elbow on xx/xx/xx. On this date she is reported to have sustained a direct blow to her right elbow. She was subsequently evaluated at local emergency department. She is noted to be 64 inches tall and weighs 76.2 kg. On physical examination she has moderate tenderness and mild swelling located in area of olecranon. She has limited range of motion secondary to pain. Radiographs were performed and showed no evidence of fracture. The claimant was treated conservatively with oral medications and a sling.

The claimant was seen in follow-up on 05/19/11 by Dr.. At the time she complained of numbness and tingling down her arm. On examination she has obvious deformity of her elbow. She has pain over radial head and neck area. She also has pain over lateral

epicondylar area. There does not appear to be effusion of elbow joint. She has restricted range of motion. Radiographs were reviewed and showed old deformity of distal humerus and proximal ulna as well as radial head. This is secondary to injury at age 5. There is no evidence of obvious fracture. Records indicate the claimant was referred for physical therapy. She received corticosteroid injection of right elbow on 06/27/11. She is noted to be taking anti-inflammatories only.

On 08/30/11 the claimant was seen in local emergency department secondary to headaches. The claimant was ultimately referred for MRI of elbow. This study dated 09/14/11 notes arthritic changes of elbow joint with moderate associated effusion. The common extensor tendon origins are intact. The ligamentous complex is intact. MRI of the shoulder was performed on 09/15/11 which notes narrowing on the acromiohumeral space to 3mm secondary to thickening of the coracoacromial ligament and mild subdeltoid bursitis expected. EMG/NCV was performed on 12/01/11. She's noted to have normal right median and ulnar nerve responses and there's a 12% drop in the right ulnar motor amplitude crossing elbow suggestive of a compression neuropathy at the ulnar nerve across the right elbow. On physical examination dated 10/24/11 the claimant is reported to have a positive Tinel's at the elbow based upon the findings of her EMG/NCV physical examination she was subsequently recommended to undergo operative intervention. Records indicate that the claimant was seen by a designated doctor on 10/20/11. This report opines that the claimant is at clinical maximum medical improvement and assigns a 3% whole person impairment rating. The request is for a right elbow ulnar nerve transposition.

The initial review was performed by Dr on 11/15/11 who non-certified the request noting that the claimant walked into a metal door frame and struck her right elbow. She is reported to have numbness and tingling in her right hand and elbow and she's undergone a cortisone injection as well as 12 sessions of physical therapy. She notes that there's no documentation presented of any electrodiagnostic studies and subsequently non-certified the request.

The subsequent appeal request was reviewed by Dr. who non-certified the request on 12/15/11 noting that the previous denial was due to no evidence of conservative care and no documentation on impairment of the ulnar nerve. He notes that EMG is normal. Ulnar nerve responses note a 12% drop across the elbow and there was no physical examination accompanying EMG/NCV. He notes that the physical examination of 10/24/11 is incomplete relative to ulnar nerve function in its distribution. He notes that all the acute tenderness was noted to be in the lateral aspect of the elbow away from the ulnar nerve. He further reports that the claimant has a decubitus valgus deformity related to childhood illness. He subsequently upholds the previous denial.

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

The request for right elbow and ulnar nerve transposition is not supported as medically necessary. Noting the findings of the two previous reviewers there's clear lack of consistency and correlation between the claimant's imaging studies electrodiagnostic studies and subjective reports of pain. The claimant's complaints are primarily in the lateral aspect of the elbow. Therefore the performance of an ulnar nerve transposition is unlikely to affect those complaints. Based upon the totality of the clinical information provided, the request cannot be established as medically necessary and therefore the previous utilization review determinations are upheld.

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)**