

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left elbow unlar nerve subcutaneous transposition

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

Functional capacity evaluation 05/29/13

Clinical note 06/13/13

MRI left elbow 06/19/13

Clinical note 06/25/13

Clinical note 07/02/13

Clinical note 07/30/13

Clinical note 08/20/13

Clinical note 08/30/13

Prospective review response 09/17/13

Adverse determinations 08/27/13 and 09/04/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his left elbow. Functional capacity evaluation dated 05/23/13 indicated the patient stating that the initial injury occurred when he strained the left elbow. Clinical note dated 05/23/13 mentioned the patient having a deformity of the medial aspect at the common flexor tendon attachment at the medial epicondyle.

Tenderness and swelling were noted in that area. The patient demonstrated full range of motion at the left arm and left elbow. Weakness was noted at with flexion at both the elbow and wrist. MRI of the left elbow dated 06/19/13 revealed a subtle medial edema surrounding a common flexor tendon. Small joint effusion was noted. Clinical note dated 06/25/13 mentioned the patient being recommended for surgical intervention at the left elbow. Clinical

note dated 07/30/13 indicated the patient continuing with left elbow pain. The patient stated that the pain was decreasing over the previous month. The patient returned to work at light duty restriction. The patient continued with complaints of numbness and tingling extending into the small fingers with occasional burning sensation. The patient stated that he kept his elbow in a flexed position when working. Upon exam tenderness continued over the medial epicondyle and ulnar nerve of the elbow. The patient had positive Tinel. Clinical note dated 08/20/13 mentioned the patient continuing with tenderness over the ulnar nerve. Pain was elicited with flexion and extension as the ulnar dislocated over the medial epicondyle. Numbness and tingling continued in the small finger. Clinical note dated 08/30/13 mentioned the patient being recommended for surgical intervention.

Previous utilization review dated 08/27/13 resulted in a denial for surgical proposed surgical intervention as no documentation was submitted confirming previous completion of physical therapy or home exercise program addressing left elbow complaints.

Utilization review dated 09/04/13 resulted in a denial secondary to no medical records being documented confirming completion of all conservative measures.

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

The clinical documentation submitted for review notes the patient complaining of left elbow pain. A left elbow nerve transposition would be indicated provided that the patient meets specific criteria, including completion of a six month course of conservative treatment addressing left elbow complaints. The clinical notes mentioned the previous conservative treatment. However, no dates or number of sessions were included in the clinical documentation. Additionally, it is unclear if the patient is continuing with ongoing therapy or the use of a pad/splint. Given that no information was submitted regarding completion of all conservative treatments addressing the left elbow complaints this request is not indicated. As such it is the opinion of this reviewer that the request for a left elbow ulnar nerve subcutaneous transposition is recommended as not 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