



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 4/07/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left Lateral Epicondylar Debridement.

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

M.D. Board Certified in Orthopedic Surgery, Sports Medicine Orthopedics.

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):



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Patient is a male who sustained injury to the left elbow while rowing on xx/xx/xx. He XXX for work which has aggravated this condition. His pain is in the lateral elbow and radiates to the forearm and hand. He was initially seen in urgent care for this xx/xx/xx. He had a normal X-ray done at this time. He was treated with NSAIDs, activity modification, a wrist brace, and a steroid injection. He apparently did not respond to this treatment at follow up and was seen 1/30/13. He was not noted to have tenderness at the lateral elbow at that time and had biceps tenderness. An MRI was done at this point that did show moderate lateral epicondylitis. At the follow up 2/13/13 the patient's symptoms were noted to be localized at the lateral elbow but there is no physical exam relating to the elbow in this note demonstrating tenderness there. It was at this point that surgery was recommended.

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

Per ODG references, the requested Outpatient Left Lateral Epicondylar Debridement is not medically necessary. Based on the available notes, the patient has only been formally treated for his elbow for almost 3 months at this point. This is short of the recommended 6 months of conservative treatment recommended by the ODG references for epicondylitis. He also does not appear to have undergone any physical therapy or even home stretching or exercises for his elbow which is a standard part of conservative treatment for lateral epicondylitis. With the knowledge that almost all patients with this condition will improve with appropriate conservative care, I concur with the prior reviews that lateral epicondylar debridement is not currently indicated and thus not approved.

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 KNOWLEDGE BASE
- 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