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Notice of Independent Review Decision

Date notice sent to all parties: 03/20/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left debridement of the olecranon bursa

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Left debridement of the olecranon bursa - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

CLAIMANT CLINICAL HISTORY [SUMMARY]:

The Employer's First Report of Injury or Illness stated the claimant was uncaging brakes on xx/xx/xx when he bumped his left elbow on a screw and he believed he had a bone chip in his left elbow. Dr. examined the claimant on 11/27/12. He had persistent posterior elbow pain and a sense of having a small loose body deep to the skin, which was uncomfortable. An MRI revealed some subcutaneous bursal fluid and tendinosis of the triceps insertion. He had an intact triceps on examination without significant tenderness. He was uncomfortable with direct palpation overlying the mobile subcutaneous ossicle. Tinel's was negative. Dr. discussed the possible floating ossicle that he felt most likely broke free from an area of calcification of the distal triceps tendon. Subcutaneous resection of the ossicle was recommended. A handwritten note on the bottom of the report indicated Dr. did not want to perform a bursectomy, but removal of a bone chip and biopsy. It was noted there was not a specific/exact code for such a service. On 12/10/12, Dr. requested a left elbow debridement of the olecranon bursa. On 12/13/12, , D.O., on behalf of Coventry, provided a non-authorization for the request left debridement of the olecranon bursa. On 01/17/13, Coventry provided another non-authorization for the requested left debridement of the olecranon bursa.

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

There was limited documentation provided for review. In the 11/27/12, Dr. noted the claimant had attempted conservative treatment, but was still uncomfortable. There is however no description of or medical records detailing what conservative treatment has been provided. It was noted a recent MRI showed some subcutaneous bursal fluid and some tendinosis of the triceps insertion. This MRI was not provided for my review. A request for a left debridement of the olecranon bursa was made on 12/10/12 using the CPT code 29837, which is the code for arthroscopy of the elbow with limited debridement.

The ODG does not support or recommend debridement of the olecranon bursa, as conservative treatment remains the treatment of choice for olecranon bursitis. There is no evidence he received medications, physical therapy, or drainage of the left elbow. Then, in an undated handwritten note, it was noted Dr. wanted to remove the bone chip and biopsy; however, there was no code for that and they chose 24066 or 29837. Left debridement of the olecranon bursa was again requested and the denial was upheld on 01/17/13. At this time, based on the documentation reviewed, there is no objective evidence that the claimant has received the appropriate conservative treatment per the ODG and furthermore, the ODG does not support this procedure for olecranon bursitis. Therefore, the requested left debridement of the olecranon bursa is not reasonable or necessary and the previous adverse determinations should be upheld at this time.

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

X 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)**