

# C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Mar/13/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** outpatient surgery for open lateral epicondylar release and radial tunnel release

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

D.O. Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the prior reviews are partially overturned with authorization provided for an open lateral epicondylar release only. The radial tunnel release is not medically necessary and remains denied.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a xx year old female who is reported to have sustained an injury to her elbow on xxxxx. On the date of injury, she is reported to have struck her elbow while working.

The claimant came under the care of Dr. on xxxxx. At this time, the claimant has complaints of right elbow pain described as aching and sharp. Her pain is relieved with heat, ice, and pain medications. She has previously received an injection with temporary relief. On physical examination dated 08/02/12, range of motion is from 0-140 degrees with 80 degrees of pronation and supination. She has tenderness over the lateral epicondyle. She feels pain with resisted wrist extension and no pain with resisted finger extension. There is a negative Tinel's sign at the cubital tunnel. Radiographs are reported to be unremarkable. She was subsequently recommended to undergo a repeat injection. On 08/15/12, the claimant underwent MRI of the right elbow. This study notes that the common extensor tendon is abnormal. The tendon appears thickened and has increased signal within it, particularly

along its superficial aspect. The remainder of the study was unremarkable. The radiologist renders a diagnosis of lateral epicondylitis.

On 11/05/12, the claimant was seen in follow-up by Dr.. It is noted that the claimant is status post 2 previous injections with 3-4 weeks of relief on each injections. She is reported to have undergone a course of physical therapy without relief. She is reported to have been given a tennis elbow strap in the past. She reports her pain level as 10/10. Her physical examination is unchanged. It is opined that the claimant has evidence of lateral epicondylitis and a potential posterior interosseous nerve compression. The claimant was recommended to undergo EMG/NCV study. She is recommended to continue using an elbow brace.

The most recent clinical note is dated 01/08/13. She is reported to be status post 3 previous injections with temporary relief. She is again noted to have undergone a course of physical therapy. She continues to use a tennis elbow strap. Her pain levels are graded as 9/10. She reports occasional numbness extending across her forearm. Physical examination remains unchanged. The claimant is again recommended to undergo an open lateral epicondylar release with decompression of the posterior interosseous nerves.

The initial review was performed by Dr. on 01/18/13. Dr. non-certifies the request noting that the Official Disability Guidelines indicate that surgery for epicondylitis is under study. He notes that patients who have not improved after 6 months of conservative therapy, including cortisone injections, may be candidates for surgery. He notes that the Official Disability Guidelines do not address radial tunnel releases. He notes that posterior interosseous nerve syndrome is often misdiagnosed as resistant tennis elbow. He notes that, with lateral epicondylitis, a patient should note pain relief following injection at the origin of the ECRB tendon. He notes that the patient is noted to have lateral epicondylitis which is reported to have been treated with temporary relief of pain but is not noted to have undergone a diagnostic injection for PIN syndrome. He noted that the request for lateral epicondylar release would meet the guideline recommendations, but the radial tunnel release was not recommended and therefore the request for surgery could not be authorized.

The appeal request was reviewed by Dr. on 02/15/13 who non-certified the appeal request noting that surgery for epicondylitis was under study. He noted that almost all patients respond to conservative measures and do not require surgical intervention. He reported that patients who are recalcitrant to six months of conservative therapy may be candidates for surgery. He further discussed radial tunnel compression syndrome and subsequently found that as such the claimant did not meet criteria.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The request for outpatient or the submitted clinical records indicate that the claimant is a xx year old female who has undergone extensive conservative management and has a recalcitrant right elbow lateral epicondylitis. Records indicate that the claimant has received physical therapy bracing and corticosteroid injections with no sustained improvement and based upon the submitted clinical records it is the opinion of this reviewer that the claimant is a candidate for outpatient surgery for open lateral epicondylar release. There is no data which supports the medical necessity for the performance of a radial tunnel release. It is therefore the opinion of this reviewer that the prior reviews are partially overturned with authorization provided for an open lateral epicondylar release only. The radial tunnel release is not medically necessary and remains denied.

**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)