

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right medial epicondyle release

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified General Surgery and Fellowship trained in 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 clinical documentation submitted for review meets guideline recommendations for the proposed procedures and medical necessity for right medial epicondyle release is established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical record Dr. 04/15/99
Clinical records Nephrology 06/28/99 and 09/07/99
Handwritten reports 10/05/98-03/01/99
MRI right elbow 05/02/13
Clinical records PAC 05/20/13-11/21/13
Clinical record Dr. 08/12/13
Letter of medical necessity Dr. 08/16/13
Letter of medical necessity PAC 08/27/13
Prior reviews 08/19/13 and 10/16/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who originally sustained an injury on xx/xx/xx when a door struck her on the right elbow. MRI of the right elbow on 05/02/13 showed mild to moderate partial thickness tear of the common extensor tendon with mild tendinosis of the distal biceps tendon. No bony fractures were identified. The patient reported pain with flexion and extension of the right elbow and there was tenderness to palpation over the medial epicondyle and tenderness of the lateral epicondyle of the right elbow. The patient was placed in a wrist brace. The patient had allergic reactions to steroid and anti-inflammatories. The patient reported limited relief with the use of a brace. Per the clinical record by Dr. on 08/12/13, the patient was provided physical therapy but continued to have pain in the right elbow. Physical examination continued to show direct tenderness to palpation over the medial epicondyle. There was pain on resisted pronation of the right upper extremity. The patient was recommended for medial epicondylar release at this visit. Follow up on 10/31/13 stated the patient agreed to try a diagnostic injection to determine relief of the medial side which was performed at this visit. Follow up on 11/19/13 stated the patient

reported 100% relief of symptoms for approximately one hour following the lidocaine injection at the medial epicondyle. The patient continued to have point tenderness over the medial epicondyle with pain on resisted flexion of the right upper extremity. The requested medial epicondylar release of the right elbow was denied by utilization review on 08/19/13 as there was no evidence of a tear in the right elbow on MRI. The request was again denied by utilization review on 10/16/13 as there was no local anesthetic injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has continued to report pain at the right medial epicondyle following the injury in question. This has not improved with bracing or physical therapy. Anti-inflammatories and steroid injections were contraindicated for this patient. The patient had 100% relief of symptoms with a diagnostic block in 10/13. The MRI revealed partial thickness tearing of the common extensor tendon in the right elbow, and there were continuing findings of tenderness to palpation over the medial epicondyle as well as pain with resisted flexion of the right upper extremity. Given the positive exam findings for a medial epicondylitis with a failure of conservative treatment, and as the patient had a reasonable response to diagnostic blocks, it is the opinion of this reviewer that the clinical documentation submitted for review meets guideline recommendations for the proposed procedures and medical necessity for right medial epicondyle release is established. As such the prior denials are overturned.

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)