



# INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES:** 07/09/13

**IRO CASE #:**

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

Texas-licensed M.D., board certified in Orthopedic Surgery

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left tennis elbow release w/repair and radial tunnel release, general anesthesia, surgery assistant, pre-op clearances.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld** (Agree)
- Overtured** (Disagree)
- Partially Overtured** (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overtured</i>
	<i>64708</i>		<i>Prosp</i>				<i>Xx/xx/xx</i>		<i>Upheld</i>

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

1. TDI case assignment.
2. Letter of denial 06/12/13, including criteria used in the denial.
3. Treating doctor's procedure follow up note 05/07/13.
4. Operative note 02/01/13.
5. FU progress notes 10/30/12 – 04/02/13.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a female who suffers bilateral elbow pain with a date of injury given as xx/xx/xx. Her symptoms of bilateral elbow pain are attributed to the microtrauma of repetitive use. The claimant underwent extensive treatment for right elbow pain, including local injections for lateral epicondylitis, physical therapy, padding, non-steroidal anti-inflammatory medication, and activity modification. The symptoms of elbow pain persisted, and on 02/01/13 the claimant underwent a tennis elbow release and radial tunnel release of the right elbow. The response to that surgery was dramatic with near 100 percent pain relief. The claimant now complains of severe left elbow pain. A recommendation for left tennis elbow release with repair, radial tunnel release under general anesthesia, surgical assistant and preoperative clearances was made; it was denied, it was reconsidered and denied.

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

The criteria to establish medical necessity for the tennis elbow release with repair and radial tunnel release include three-to-six months of non-operative treatment and documented failure to relieve symptoms. While the response to this surgery on the right elbow was dramatic, no non-operative treatment of the left elbow symptoms is documented in the medical record. As such, the criteria published in the ODG 2013 Elbow Chapter have not been met and medical necessity has not been established. The prior denials were appropriate and should be upheld.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)