

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RUSH OP Rt Tennis Elbow Release with Anconeus Muscle Flap (Redo)

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

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes 09/19/11-01/14/13

Electrodiagnostic studies 01/25/12

MRI right elbow 11/20/12

Previous utilization reviews 01/09/13 and 01/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right elbow. Clinical note dated xx/xx/xx detailed the patient complaining of chronic epicondylitis at the right elbow. The patient previously underwent conservative management with no significant benefit. Upon exam, the patient demonstrated 5/5 strength throughout at the right elbow. The patient had full and unrestricted range of motion at the elbow. The patient had positive wrist extension test sign. Procedure note dated 09/23/11 detailed the patient undergoing right elbow right tennis elbow

release and repair. Clinical note dated 11/02/11 detailed the patient stating that he was continuing with radiating pain from the elbow into the thumb and wrist when not wearing his wrist support splint. The patient stated that he tried to wean off the splint; however an increase in radiating pain was noted. The patient rated his pain as 3-5/10. Mild numbness was noted at the surgery site. Upon exam, the patient demonstrated 0-140 degrees of range of motion at the right elbow and 88 degrees of pronation and 70 degrees of supination. Clinical note dated 11/04/11 detailed the patient continuing with right elbow pain rated as 0-6/10 and range of motion deficits. Clinical note dated 11/07/11 detailed the patient returning to work with light duty. The patient continued with 5-6/10 pain. The patient demonstrated 0-150 degrees of elbow range of motion with 88 degrees of pronation and 90 degrees of supination and grip strength of 40 pounds. Clinical note dated 01/03/12 detailed the patient stating that he developed paresthesia in the median distribution of the right hand which was exacerbated with gripping objects or squeezing. Upon exam, a well-healed surgical scar was noted at the lateral epicondyle. The patient was noted to have good range of motion. Tenderness to palpation was noted at the surgical site and the radial tunnel. The patient was noted to have a positive wrist extension test. The patient was noted to have positive Tinel's, Durkan's, and Phalen's signs at the wrist. The electrodiagnostic studies dated 01/25/12 revealed findings suggestive of a right C6 or C7 radiculopathy. The clinical note dated 02/02/12 details the patient continuing with positive Phalen's and Durkan's tests. Upon exam, tenderness was noted over the lateral epicondyle and the extensor musculature. The MRI of the right elbow dated 11/20/12 revealed mild osteoarthritic changes involving the posterior aspect of the inferior capitellum. The patient was noted to have chronic medial epicondylitis. Per clinical note dated 01/14/13, the patient had undergone a C5-7 anterior cervical discectomy and fusion. However, the date was not provided. Upon exam, pain was noted over the lateral epicondyle. Compression over the patient's radio capitellar joint elicits pain.

The previous utilization review dated 01/09/13 resulted in a denial secondary to a lack of information regarding the patient's conservative modalities addressing the right elbow complaints, negative electrodiagnostic studies indicating the patient's cervical radiculopathies, failure to report substantial justification for repeat surgery to the patient's right elbow without evidence of significant objective functional deficits, and documentation of recent treatments to include conservative therapies, injections, or bracing.

The previous utilization review dated 01/24/13 also resulted in a denial secondary to a lack of information regarding the patient's comprehensive functional assessment of the right elbow as well as documentation of bracing, home exercises, and injections.

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

The documentation submitted for review elaborates the patient continuing with complaints of right elbow pain. The Official Disability Guidelines recommend a right tennis elbow release provided the patient meets specific criteria to include completion of all conservative measures including exercises, activity modifications, padding, and splinting as well as significant clinical findings that would warrant surgical intervention. The documentation details the patient having essentially full range of motion at the right elbow. Additionally, there does not appear to be any strength deficits. Furthermore, there is a lack of information regarding the patient's completion of all conservative measures. Given the lack of significant functional deficits and the lack of information regarding the patient's completion of all conservative treatments, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

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)