

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 31, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Elbow Debridement, Soft Tissue, and/or Bone, Open 24358

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

This physician is Board Certified in Orthopedic Surgery with over 40 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

01-02-13: Evaluation
05-13-13: Evaluation
05-16-13: MRI of the Right Elbow
06-25-13: Evaluation
07-31-13: Rehabilitation Initial Assessment
08-06-13: Evaluation
09-03-13: Evaluation
09-18-13: UR performed
10-08-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured in xx/xx/xx.

January 2, 2013, the claimant was evaluated for right elbow pain. On physical examination of the right elbow there was lateral elbow tenderness. Plan: Lortab and Prednisone.

May 16, 2013, MRI of the Right Elbow, Impression: Negative MRI of the right elbow.

June 25, 2013, the claimant was evaluated for right elbow pain he has had for 2 years. It was reported he had 2 injections into his elbow, the first of which helped and the second gave him only 2 weeks worth of relief. He had not used a tennis elbow strap or had physical therapy. Pain was worse with repetitive use of the hand and had difficulty gripping object secondary to pain. Reported occasionally dropped objects secondary to discomfort. No numbness or tingling reported. On physical examination he had pain with palpation of the lateral epicondyle of the right elbow. There was pain with resisted extension of the fingers which seemed to be worse than with extension of the wrist. Full ROM of the elbow. Ligament exam of the elbow was intact. Assessment: Lateral Epicondylitis of the right elbow of 2 years duration. 2 steroid injections have not given complete relief. Plan: Physical therapy and begin use of tennis elbow strap.

July 31, 2013, OTR performed an initial therapy evaluation and recommended therapy 3 x weekly x 4 weeks. Treatment would consist of thermal modalities, AROM, PROM, soft tissue massage for edema control, as well as, soft tissue stretches, therapeutic activities and conditioning as tolerate, pain reduction modalities and home programs.

August 6, 2013, the claimant was re-evaluated who reported the claimant was 50% improved. On examination of the right elbow, there was decreased tenderness to palpation of the lateral condyle. Minimal pain with resisted extension of the wrist. Assessment: Lateral epicondylitis which is improving well with a tennis elbow strap. Plan: Continue with a tennis elbow strap.

September 3, 2013, the claimant was re-evaluated who reported the pain had gotten worse over the past month despite using his brace faithfully and the pain was interfering with his ability to work. On examination he had increased tenderness with palpation over the right elbow lateral epicondyle. There was no swelling or redness. He had increased pain with resisted extension of the wrist and fingers. Assessment: Right elbow lateral epicondylitis. He has exhausted conservative measures at this time. His pain is now getting progressively worse despite using an elbow strap. Plan: Surgical intervention: lateral epicondylectomy with debridement of the tendon as indicated.

September 18, 2013, performed a UR. Rationale for Denial: Official Disability Guidelines state surgery for epicondylitis is under study. Almost all patients respond to conservative measure and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive change. Patients who are recalcitrant to 6 month of conservative therapy (including corticosteroid injections) may be candidates for surgery. Based on the evidence submitted, the patient was referred for 12 sessions of therapy. However, there was no documentation in the evidence to indicate the patient did participate in the recommended treatment. The only conservative measure noted

other than use of medication was the use of an elbow strap. This would not support the statement the provider made of the patient exhausting all conservative options. Additionally, there is no documentation the patient has participated in corticosteroid injections prior to the surgical request as recommended by guidelines. The complete criteria for the request have not been satisfied at this time.

October 8, 2013, performed a UR. Rationale for Denial: The records submitted for this appeal indicated that the patient has previously been treated with medications and injections. However, there was still no indication that he has already fully utilized PT/OT to validate exhaustion of conservative care and justify the need for surgery at this juncture. Although it was noted that he underwent OT evaluation on 7/31/13, it was unclear if he has since completed an adequate amount of therapy sessions. As such, in agreement with the previous determination, the medical necessity of this request is not substantiated at this time.

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

The previous adverse determinations are overturned. The Official Disability Guidelines state any patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery. This claimant has had 2 years in length of symptoms typical lateral epicondylitis with no improvement with injection and strapping. While it is true that most cases heal within one year with conservative care, it is not unusual for some cases to persist and surgical treatment is usually successful in relieving continuing symptoms. Based on the documents reviewed, the request for Right Elbow Debridement, Soft Tissue, and/or Bone, Open for this claimant is medically necessary.

PER ODG:

Surgery for
epicondylitis

Under study. Almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive change. Any activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery. There currently are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatment fails, but over 95% of patients with tennis elbow can be treated without surgery. ([Buchbinder-Cochrane, 2002](#)) ([California, 1997](#)) ([Piligran, 2000](#)) ([Foley, 1993](#)) ([AHRQ, 2002](#)) ([Theis, 2004](#)) ([Jerosch, 2005](#)) ([Balk, 2005](#)) ([Sennoune, 2005](#)) ([Szabo, 2006](#)) Disappointing results of surgery were found in litigants with epicondylitis. ([Kay, 2003](#)) ([Balk, 2005](#)) Surgery is not very common for this condition. In workers' compensation, surgery is performed in only about 5% cases. ([WLDI, 2007](#)) For the minority of people with lateral epicondylitis who do not respond to nonoperative treatment, surgical intervention is an option. The surgical techniques for treating lateral epicondylitis can be grouped into three main categories: open, percutaneous, and arthroscopic. Although there are advantages and disadvantages to each procedure, no technique appears superior by any measure. Therefore, until more randomized, controlled trials are done, it is reasonable to defer to individual surgeons regarding experience and ease of procedure. ([Lo, 2007](#))

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**
- 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)**