



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 9/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right elbow radial tunnel decompression/radial nerve decompression.

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

Texas State Licensed MD Board Orthopedic Surgeon.

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 9/12/2013,
2. Notice of assignment to URA 9/9/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 9/12/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 9/11/2013
Physician advisor report 8/22/2013, medical documents 8/15/2013, physician advisor report 8/14/2013, medical documents 8/9/2013, notice of disputed issues and refusal to pay benefits 7/29/2013, peer review 7/26/2013, authorization request 7/25/2013, medical documents 7/24/2013, clinical encounter summaries 7/19/2013, workers compensation work status report 7/15/2013, referral action request 7/2/2013, medical records 7/2/2013, final report 6/27/2013, images 6/27/2013, medical notes 6/24/2013, electrodiagnostic results, medical records 5/30/2013, 4/15/2013, workers compensation work status report 4/2/2013, medical records 4/3/2013, 4/2/2013.

PATIENT CLINICAL HISTORY:

This patient was injured while working on xx/xx/xx. The patient had sustained an injury to the right upper extremity. At this time, the patient is noted to be approximately 5 months status post



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



right elbow extensor origin release with a muscle flap. The most recent clinical findings discuss lateral epicondylar region tenderness, pain in the elbow with resisted extension of the wrist corresponding to persistent elbow pain subjectively, along with objectively a prior surgical incision. The patient was noted to have electrodiagnostics from June 15, 2013, revealing wrist-level ulnar neuropathy. Reportedly, the patient has undergone postoperative treatment, including limited immobilization therapy and treatment with medication. The patient has most recently been considered for a right elbow radial tunnel decompression and decompression of radial nerve.

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

Without documentation of essentially 6 months of comprehensive and recent non-operative treatment specifically designed to treat the diagnosed areas of radial tunnel compression syndrome and radial nerve compression, the request is not reasonable or medically necessary. It should also be noted that electrodiagnostics have not revealed evidence of radial neuropathy. Therefore, the clinical guidelines, which are from the *Official Disability Guidelines*, do not support the request as reasonable or medically necessary at this time. The denial of these services is 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 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)