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Notice of Independent Review Decision

DATE OF REVIEW: 11/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of stat outpatient right tennis elbow release.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of stat outpatient right tennis elbow release.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The female was noted to have been injured while working on xx/xx/xx. Diagnosis has included that of a right lateral epicondylitis. The records reviewed have documented treatment including with bracing, therapy, restricted activities and medications. As of July 10, 2014, the provider has documented that recent studies have not supported cortisone

injections in the long term. The most recent records were dated October 2, 2014 and discussed a consideration for surgery. There was persistent/worse elbow pain with tenderness over the lateral epicondyle and origin of the extensor musculature. Denial letters have discussed the lack of comprehensive non-operative treatment including injection and the lack of a trial and failure of comprehensive treatment over a period of 12 months.

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

The documentation overall has not evidenced 12 months of a trial of comprehensive and reasonable non-operative treatments including cortisone injection(s). Therefore the criteria referenced below have not been met and the request is not considered reasonable or medically necessary at this time.

Reference: ODG Elbow Chapter

Criteria for Lateral Epicondylar Release for Chronic Lateral Epicondylalgia:

- Limit to severe entrapment neuropathies, over 95% recover with conservative treatment
- 12 months of compliance with non-operative management:
 - Failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow.
 - Long-term failure with at least one type of injection, ideally with documented short-term relief from the injection.
 - Any of the three main surgical approaches are acceptable (open, percutaneous and arthroscopic).

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)