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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 11/5/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left elbow open irrigation and debridement, epicondylectomy and primary repair of the common extensor origin and a surgical assistant for the proposed surgery.

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. The reviewer has been practicing for greater than 10 years.

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 prospective medical necessity of a left elbow open irrigation and debridement, epicondylectomy and primary repair of the common extensor origin and a surgical assistant for the proposed surgery.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

was noted to have been injured and felt a sharp searing pain on the lateral aspect of his left elbow." As noted on August 20, 2014; treatment has included therapy and medications, along with restricted activities and bracing. Examination findings revealed tenderness at the lateral epicondyle with decreased grip strength. The elbow pain was markedly worse with "resisted wrist

extension and resisted ERCB extension." The assessment included a "high grade partial thickness tear of the common extensor origin of the left elbow." MRI report dated July 29, 2014 revealed fairly severe tendinopathy of the common extensor tendon origin with a 50% partial tear. Surgical intervention indications were reiterated on October 2, 2014.

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

The patient has both subjective and objective findings compatible with persistent and relatively severe chronic lateral epicondylitis. MRI imaging corroborated the diagnosis. However, applicable clinical guidelines support up to 12 months of a reasonable trial and failure of nonoperative treatments prior to consideration for surgery. In addition, "long-term failure with at least one type of injection, ideally with documented short-term relief from the injection has not been documented. Therefore the considered procedures are not medically necessary as per criteria below.

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)