

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

July/2/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Right Elbow with Origin Detachment

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

Board Certified Orthopedic Surgeon (Joint)

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

Therapy note dated 12/03/13

Therapy note dated 12/30/13

Therapy note dated 01/07/14

Therapy note dated 01/10/14

Therapy note dated 01/13/14

Therapy note dated 01/27/14

Therapy note dated 01/29/14

Therapy note dated 02/03/14

Therapy note dated 02/05/14

Therapy note dated 02/07/14

Therapy note dated 02/11/14

Therapy note dated 02/13/14

Therapy evaluation dated 02/12/13

Therapy evaluation dated 12/16/13

Clinical note dated 11/22/13

Clinical note dated 01/03/14

Clinical note dated 02/07/14

Clinical note dated 04/04/14

Clinical note dated 04/17/14

Clinical note dated 06/13/14

Utilization review dated 12/05/13

Adverse determinations dated 04/09/14 & 05/21/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her right elbow. The clinical note dated 11/22/13 indicates the patient stated that she had right elbow pain. The patient also reported numbness and tingling in the right hand. The note indicates the patient having undergone an MRI of the right elbow. Upon exam, the patient was able to demonstrate no strength or range of motion deficits at the right elbow. Tenderness was identified at the medial epicondyle on the left. There is an indication in the note regarding a previous MRI of the right elbow. However, this evidently revealed normal findings. The clinical note dated 01/03/14 indicates the patient's past medical history is significant for a tennis elbow surgery approximately 10 years prior. The note does indicate the patient working full duty with no restrictions. There is an indication the patient is undergoing the use of an external immobilizer which was providing some benefit. The clinical note dated 02/07/14 indicates the patient rating her elbow pain as 3/10. The patient continued with no significant provocative findings regarding the right elbow. The therapy note dated 02/13/14 indicates the patient having completed 12 physical therapy sessions to date. The clinical note dated 04/04/14 indicates the patient undergoing a home exercise program. The patient continued with 4/10 pain. The patient was able to demonstrate normal range of motion at the elbow. The clinical note dated 04/17/14 indicates the patient being recommended for a right elbow debridement. There is an indication the patient has been continuing with the use of an elbow band as well as activity modifications. The clinical note dated 06/13/14 indicates the patient continuing with ongoing right elbow symptoms that have gone on for 9 months. The patient continued to be symptomatic at the medial epicondyle. However, no provocative findings were identified.

The utilization review dated 04/09/14 indicates the patient showing no severe entrapment. Additionally, no documentation was submitted confirming the patient's 12 months of non-operative treatments.

The utilization review dated 05/21/14 resulted in a denial as no information had been submitted confirming the patient's 12 months of non-operative treatments.

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

The request for an outpatient right elbow debridement with origin detachment is non-certified. The documentation indicates the patient complaining of right elbow pain. A surgical intervention at the elbow would be indicated provided the patient meets specific criteria to include completion of a 12 month course of conservative treatments. There is an indication that the patient is continuing with ongoing use of an external immobilizer which has been providing some benefit. However, it does not appear that the patient has completed a full 12-month course of treatment with ongoing symptomology. Therefore, this request is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES