



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 2/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient right elbow triceps reinsertion.

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 2/5/2014,
2. Notice of assignment to URA 11/7/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 2/5/2014
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/4/2014

Letter to physician from insurance plan 11/5/2013, 11/4/2013, follow-up visit notes 10/17/2013, insurance information form letter to physician from insurance plan 10/9/2013, utilization review determination 10/3/2013, surgery scheduling form 9/20/2013, new patient visit 9/20/2013, lab work notes 9/20/2013, electrodiagnostic study request 9/20/2013, prescription notes 9/20/2013, medical assistant surgery checklist 9/20/2013, preauthorization request form 9/3/2013, follow-up report 8/28/2013, 8/13/2013, ergos evaluation summary report 8/13/2013, test summaries 8/13/2013, test details 8/13/2013, final report comments 8/13/2013, MRI findings 6/28/2013, radiology report 6/21/2013, medical notes 6/14/2013, initial report 5/31/2013.

PATIENT CLINICAL HISTORY:



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The claimant has been noted to have been injured on xx/xx/xx. Despite treatment with medications and therapy, the claimant was noted to have persistent right elbow pain. There have been findings that as of 09/20/2013 that revealed normal motion and strength in the forearm and wrist, and the exam was noted to reveal normal motion in flexion and extension at the elbow, as of 09/20/2013. There was an appeal letter as of 10/17/2013 discussing that there were x-rays showing a fractured osteophyte off of the olecranon with proximal migration within the tendon of about 3 cm, with a diagnosis of elbow triceps rupture and a consideration for surgery. However, there were also noted to have been discrepancies in the radiologist's report of the right elbow MRI. As of 06/21/2013, there was noted to have been high grade partial tear at the triceps and a small intact lateral remnant of the tendon with calcifications seen inseparable from the tendon consistent with tendinosis and edema. However, an MRI report from 06/28/2013 was noted to reveal that the biceps and triceps muscle had a normal appearance and there was thinning of the triceps tendon, and the insertion at the olecranon shows significant change typical for inflammatory reaction from an injury. The electrical studies were noted to reveal mild right cubital tunnel syndrome and right moderate right carpal tunnel syndrome.

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

The claimant has normal documented strength at the elbow and there is a significant discrepancy in the radiologist's opinion with regard to the 2 different MRIs. The claimant was noted to have potential evidence of inflammation versus partial tear. However, with again the normal strength and the significant discrepancies between the radiologist's reports as to whether or not there is even a tear or not, and whether or not there is a calcification within the tendon and/or avulsed fragment at this time. The prior denial denials are considered applicable and are supported at this time.



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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)