

Pure Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 779-3288

990 Hwy. 287 N. Suite 106 PMB 133
Mansfield, TX 76063
Email: pureresolutions@irosolutions.com

Fax Number:
(817) 385-9613

Case Number:

Date of Notice: 11/16/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Repair Common Extensor, Right Elbow

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)

Patient Clinical History (Summary)

The patient is a female who was injured on XX/XX/XX while performing repetitive activities to include pulling herself into a vehicle. The patient complained of right elbow pain and was diagnosed with lateral epicondylitis of the right elbow. MRI studies of the right elbow from 09/01/15 noted a full thickness tear involving the anterior portion of the common extensor tendon with distal retraction approximately 1cm. There were still some partially intact fibers posteriorly. There was also a partial tear and rupture of the proximal catch and fibers in the radial collateral ligament anteriorly. The patient was initially provided anti-inflammatories as well as topical compounded medications and a topical NSAID. Some mild relief was obtained with these medications. The patient underwent ultrasound guided injections of the right elbow on 04/28/15 which provided improvement. The patient was also recommended for a comfort force brace for a right upper extremity. The patient was followed by XXX with the 10/14/15 report noting persistent pain in the right elbow that was severe which had not responded to medications or steroid injections. The patient's physical examination noted tenderness along the lateral epicondyle with intact strength of the right upper extremity. The patient received an injection to the left elbow at this evaluation. The requested repair of the common extensor tendon and right elbow was denied by utilization review on 09/24/15 as there was no documentation regarding at least 12 months of conservative non-operative treatment. The request was again denied on 10/26/15 as there was no documentation of 12 months of conservative treatment.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has had persistent complaints of pain in the right elbow despite conservative management since April of 2015. This has included several medications both oral and topical as well as injections for the right elbow. Although guidelines recommend up to 12 months of conservative treatment for lateral epicondylitis, the MRI studies of the right elbow clearly noted almost full thickness disruption of common extensor tendon with associated retraction. Given the severity of the MRI findings, it is highly unlikely that the patient would improve with continuing non-operative measures for an additional three to four months. Therefore it is this reviewer's opinion that medical necessity for the repair of the right common extensor tendon has been established based on physical examination and imaging findings as well as lack of improvement with non-operative measures to date.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)