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Notice of Independent Review Decision

Date notice sent to all parties:

December 15, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Urgent appeal outpatient right elbow tenotomy, 24359.

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

Board Certified Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was seen on xx/xx/xx. At that time, it was noted he was a male who complained about his arm which was injured on xx/xx/xx. He described no falls or impact to his arm or elbow and stated he was doing a lot of repetitive lifting the morning of his injury. He described pain as beginning gradually but pain was rated at 8/10 and did not radiate. Examination of his right elbow revealed range of motion was normal in all planes but pain was to the lateral elbow with extension of his wrist against resistance. He had moderate tenderness to palpation over the lateral epicondyle and lateral elbow diffusely. He had normal sensory function to the upper extremities and had normal shoulder range of motion in all planes. Range of motion of his wrist was normal in all planes. It was noted his opposite side was unremarkable and assessment was lateral epicondylitis and elbow pain. He was prescribed over the counter Ibuprofen and physical therapy. An ice

pack was also recommended.

The patient was seen in physical therapy by OTR for his lateral epicondylitis for 13 visits with 1 missed appointment through 08/15/14. On 08/22/14, an MRI of the right elbow without contrast revealed a partial interstitial tear of the proximal fibers of the common extensor tendon at their origin on the lateral humeral epicondyle. There was also minimal adjacent non-specific soft tissue edema in the overlying soft tissues of the posterior lateral right elbow.

On 09/25/14, this patient was seen in clinic and examination of his elbow revealed no instability, and his right lateral epicondyle and extensor tendon origins were tender to palpation. He had full active and passive range of motion of both shoulders, elbows, wrists, and hands. He had pain with terminal extension of his right elbow. Surgical intervention was recommended.

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

The submitted records indicate that on 10/22/14, a notification of adverse determination was made noting that although it was noted this patient had fairly exhausted conservative care for the lateral epicondylitis, 12 months of compliance with non-operative management was not documented. Also, long term failure with at least 1 type of injection was not documented. A peer to peer was documented, and it was noted this patient had symptoms for 4 months and his treatment had consisted of therapy, bracing, NSAIDs, and activity modification but he had not had any injections. Therefore, it was noted guideline criteria had not been met. A subsequent notification of reconsideration determination dated 11/12/14, noted on appeal there was non-certification of the right elbow tenotomy. It was noted guidelines indicate there should be documentation of 12 months of compliance with non-operative management and failure to improve with NSAIDs, elbow straps and bands, activity modifications, physical therapy, and at least 1 type of injection and there was no documentation that the lower levels of care to date had been over 12 months and there was no documentation of failure of at least 1 type of injection and therefore the request was non-certified.

The submitted records indicate this patient has undergone conservative care with at least 13 physical therapy visits to date. The peer to peer previously documented that he had been given straps and activity modification but no injections had been documented. The progress note dated 09/25/14, also noted that a full course of occupational therapy, anti-inflammatory medications, activity modifications, and bracing had been performed. There was a lack of documentation of any type of injection and physical therapy had only commenced in xx/xxxx and therefore there was a lack of documentation of 12 months of conservative care with an injection. As such, it is the opinion of this reviewer that the guideline criteria has not been met and medical necessity for outpatient right elbow tenotomy, 24359 is not established.

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

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).**