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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** April 27, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Left medial epicondylectomy (24357) and one day length of stay.

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

M.D., Board Certified in Orthopedic Surgery.

**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)

I have determined that the requested left medial epicondylectomy (24357) and one day length of stay are not medically necessary for the treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury on xx/xx/xx. She has been diagnosed with medial epicondylitis. On 2/06/15, it was noted the patient was in for her 11<sup>th</sup> visit of physical therapy. The patient reported 1/10 to 3/10 pain and tenderness to the left medial epicondyle. The treating therapist indicated that the patient has had measurable improvement in her condition. The patient had full passive range of motion of the elbow. Active range of motion was noted to be 0/130 degrees. The patient had a negative Tinel's test. The patient had full active range of motion of the forearm. Strength was noted to be 4+/5 for biceps, 4/5 for pronation and

supination, 5/5 for the wrist except flexion was 4-/5. Grip strength was 47 pounds on the right and 44 pounds on the left. There was no swelling noted. On 2/09/15, the records indicated that the patient's prior treatment included 11 sessions of physical therapy. Additionally, the records noted prior treatment with Celestone injections plus oral medications and rest. She reported approximately 20% reduction in the medial epicondylar pain she had been having. On physical examination, it was noted the patient had tenderness over the medial epicondyle. She had full range of motion of the elbow. Collateral stability was intact, and there was no elbow effusion palpable. The flexion and extension were full as were pronation and supination. Her grip strength was normal. Distal radial ulnar and median nerve motor and sensory functions were intact. Color, temperature and capillary refill of the hand was normal, and radial pulses were intact. The patient did not have significant discomfort on resisted flexion of the wrist. The provider indicated as the patient has been having ongoing symptoms for nearly five months and conservative care failed to provide her with significant relief, the patient would be a candidate for medial epicondylectomy. A request has been submitted for left medial epicondylectomy (24357) and one day length of stay.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial indicated that the documentation did not provide sufficient evidence of significant objective functional limitations, a complete and thorough pain assessment to include current quantified pain, and documented evidence of tried and failed conservative care (including physical therapy, home exercise program, injection and medications). On appeal, the URA noted that the guidelines recommend surgery after 12 months of failed conservative treatment, and this was not documented.

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

The Official Disability Guidelines (ODG) recommend surgery for epicondylitis after 12 months of conservative treatment. This nonoperative management should include failure to improve with nonsteroidal anti-inflammatory drugs (NSAIDs), elbow bands/straps, activity modification, and physical therapy. The clinical documentation submitted for review does not provide evidence that the patient has participated in 12 months of failed conservative treatment. The provider indicated the patient has only had five months of conservative care to include physical therapy, activity modification and NSAIDs. Additionally, there was no evidence that the patient has used elbow bands/straps. Per the submitted documentation, the request is not supported by the guidelines. All told, the requested left medial epicondylectomy (24357) and one day length of stay are not medically indicated for the treatment of this patient.

Therefore, I have determined the requested left medial epicondylectomy (24357) and one day length of stay are not medically necessary for treatment of the patient's medical condition.

**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 JUDGMENT, 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)