

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/15/2016

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:

Lateral Epicondylar Release 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 male who reported an injury on XX/XX/XX. The patient was diagnosed with lateral epicondylitis, right elbow. An MRI of the right elbow was performed on XX/XX/XX which noted tendinosis and partial thickness, partial with intrasubstance tear of the common extensor tendon; and otherwise unremarkable exam. Treatments to date included medications, activity restrictions, physical therapy, a cortisone injection, and a splint. The evaluation performed on XX/XX/XX indicated the patient had a cortisone injection on XX/XX/XX and was off work for about a week, but returned to work and noticed tenderness when he ended his shift. He reported redness and swelling along with pain with extension of the arm. His current medications included Adderall and Xanax. On examination of the right elbow, there was tenderness to the lateral epicondyle and triceps insertion. There was swelling present at the lateral epicondyle. Range of motion was normal. A request has been submitted for lateral epicondylar release, right elbow.

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

The Official Disability Guidelines state surgery for epicondylitis is recommended for chronic lateral or medial epicondylitis after 12 months of failed conservative treatment. Criteria for epicondylar release includes persistent symptoms that interfere with activities that have not responded to an appropriate period of nonsurgical treatment and 12 months of compliance with nonoperative management. The documentation submitted for review indicated the patient continued to be symptomatic despite previous measures of conservative treatment with medications, activity restrictions, physical therapy, injection, and a splint. However, the documentation indicated the patient's active range of motion of the elbow was normal. There was no documentation indicating the patient had persistent symptoms that significantly interfered with activities of daily living. Therefore, the request is not supported. Given the above, the request for lateral epicondylar release, right elbow, is non-certified.

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)