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IRO Certificate #4599

DATE OF REVIEW:

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Neuroplasty and/or Transposit, Ulnar Nerve, Left Elbow, Cubital Tunnel Release; CPT 64718

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

Upheld	(Agree) <u>X</u>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient apparently sustained an injury while at work, XX/XXXX, in some way while loosening a bolt and hitting his elbow. Patient was subsequently seen and treated for some extended period of time but because he apparently did not resolve, underwent surgery in XX/XXXX. According to note, patient had previously undergone a decompression for lateral epicondylitis of this elbow. The procedure is listed as neurolysis of the ulnar nerve, partial excision, medial epicondyle and intramuscular transposition of the nerve, along with left lateral epicondylar release of the extensor carpi radialis brevis. Patient subsequently underwent physical therapy, medical treatments, etc. Patient apparently did not improve significantly and was then followed by XX. Because the patient continued to have tenderness, swelling, and pain, re-exploration of the nerve was suggested. Patient had an EMG and Nerve Conduction Studies on XX/XX/XX. Those studies are described as showing older nerve neuropathy. There is no mention or comparison to my knowledge of the studies done previously and as to whether there is a change on this second EMG as compared to the first EMG.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Because of ongoing pain and numbness, surgery has been requested.

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

Opinion: I agree with the benefit company's decision to deny the requested service(s).

Rationale: I agree with this decision mainly because I am unsure on a clinical basis as to whether further surgery would be of benefit. It would appear that this patient has had two elbow surgeries. One to correct the ulnar nerve problem which has not been corrected and is possibly worsened after surgery. Further exploration and neurolysis is a procedure that frequently is not beneficial in this circumstance and I would question whether it would be of benefit to further operate this individual.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)