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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/08/2016

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:

Right elbow intermediate joint injections

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 reported an injury on XX/XX/XX. The mechanism of injury was pulling on Velcro with pliers when the patient pulled back and felt a pop in her right elbow, also injuring her right shoulder. The review was previously denied on XX/XX/XX as injections are not recommended as routine intervention for epicondylitis. There was no comprehensive assessment of treatment completed to date and the patient's response thereto submitted for review. There was also no duration of relief from the previous elbow injection. Review was again denied on XX/XX/XX as additional clinical information and medical evidence was not provided to support elbow intermediate joint injection. The clinical note from XX/XX/XX noted the patient's right shoulder was better and the range of motion was improving. Right elbow pain continues at 4/10 to 5/10 and the patient was completing physical therapy. The patient takes the Mobic and hydrocodone as needed. The examination of the right elbow noted tenderness along the lateral epicondyle region to medium palpation. The range of motion was -5 to 130 degrees. There was tenderness with extension against resistance of the wrist, with supination against resistance, and with dorsiflexion of the fingers against resistance. The treatment plan was for the patient to continue with physical therapy and home exercises. The patient was to receive a right elbow steroid injection. The patient stated that the previous elbow steroid injection provided 60% to 70% relief. The requested elbow steroid injection is being requested as a differential to see if more of the pain is coming from the lateral epicondyle region versus bicipital region.

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

According to the Official Disability Guidelines, corticosteroid injections to the elbow are not recommended as a routine intervention for epicondylitis based on recent research. In the past, a similar injection was suggested as a possibility for short term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time and the long term outcome could be poor.

The documentation submitted for review indicates the patient has previously received treatment including bracing, occupational therapy, medications, and elbow injections. The patient previously received 60% to 70% relief for greater than six months with increased activities of daily living and less reliance on oral medication with the previous elbow steroid injection. An additional injection would be acceptable for the treatment of the patient's lateral epicondylitis. The next step would be surgery which would be more costly and more invasive than an elbow injection. As such, the requested right elbow intermediate joint injection would be supported. The previous denial should be overturned.

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)