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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Surgery

Description of the service or services in dispute:

Lateral epicondylar and right mid and cubital tunnel decompression with ulnar nerve transposition

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 was injured on XX/XX/XX and has been followed for complaints involving the right upper extremity. Prior treatment had included the use of oral steroids as well as the use of Neurontin. The patient also utilized anti-inflammatories in the past. Analgesics included the use of Ultracet. The patient reported limited benefit from right wrist bracing. The patient also received injections at unspecified sites with no relief. It appears that electrodiagnostic studies were obtained; however, these reports were not available for review. There was an MRI of the right elbow completed on XX/XX/XX which noted findings consistent with mild to moderate lateral epicondylitis with mild interstitial partial tearing. There was also mild medial epicondylar epicondylitis evident. The patient was followed by XX. The XX/XX/XX clinical record noted full range of motion in the right upper extremity. There was pain along the medial cubital tunnel region with positive Tinel signs over the cubital tunnel. No atrophy in the hand was evident. The requested lateral epicondylar release as well as cubital tunnel decompression with ulnar nerve transposition was denied by utilization review on XX/XX/XX as there was lack of documentation regarding 12 months of non-operative management as well as documentation regarding that symptoms interfered with activities. The request was again denied by utilization review on XX/XX/XX as there was no documentation regarding one year of conservative management as well as documentation regarding electrodiagnostic studies or clear evidence of subluxation of the ulnar nerve out of the cubital tunnel.

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

The patient has been followed for complete for persistent complaints of pain in the right upper extremity appears. The records noted prior medications as well as one unspecified injection. There is no clinical documentation regarding complete exhaustion of conservative management to include more than one injection as well as elbow splinting or padding for up to one year. Electrodiagnostic studies were not made available for review identifying evidence of an ongoing cubital tunnel syndrome. The most recent physical examination findings also do not identify clear subluxation of the ulnar nerve out of the cubital tunnel. As the prior reviewer's concerns were not clearly addressed in the clinical records provided for review, it is this reviewer's opinion that medical necessity has not been established and the prior denials remain upheld.

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)