

# Core 400 LLC

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** Feb/01/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Right elbow w origin detachment  
Right forearm radial; (lateral epicondylar debridement and radial tunnel)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Orthopedic Surgeon

**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)

As such, it is this reviewer's opinion that the lateral epicondylar debridement request is medically necessary. However, given the lack of electrodiagnostic evidence for active radial tunnel syndrome, it is this reviewer's opinion that the radial tunnel release component of the request is not medically necessary and the denials remain upheld regarding this particular procedure.

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** it is this reviewer's opinion that the lateral epicondylar debridement request is medically necessary. However, given the lack of electrodiagnostic evidence for active radial tunnel syndrome, it is this reviewer's opinion that the radial tunnel release component of the request is not medically necessary and the denials remain upheld regarding this particular procedure.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who was injured on XX/XX/XX while carrying a very heavy steel panel with another employee. The patient indicated his right elbow was struck by framework. The patient was followed for continuing right elbow pain and received five sessions of physical therapy. The patient also utilized anti-inflammatories and had received injection injections with limited relief. Prior MRI studies of the right elbow from XX/XXXX noted an intrasubstance tear in the common extensor tendon. Electrodiagnostic studies from XX/XXXX were reported to show evidence of radial tunnel syndrome. As of XX/XX/XX the patient continued to complain of pain over the right lateral epicondyle. This had not improved despite splinting a home exercise program oral pain medications anti-inflammatories formal physical therapy or injections. The patient reported that injections only temporarily helped symptoms. The patient's physical examination was limited and did not include the right elbow region.

The XX/XX/XX evaluation noted provocative findings for lateral epicondylitis were positive to include resisted wrist extension and resisted digital extension to the right side. There was a letter noting that due to failure conservative treatment and ongoing objective findings for lateral epicondylitis the recommendation was for surgical intervention to include right lateral epicondylar debridement with associated radial tunnel release. The surgical request was denied on XX/XX/XX as there was no documentation regarding failure of non-operative management for xxxx months as well as no documentation regarding electrodiagnostic studies documenting radial nerve pathology. The requests were again denied on XX/XX/XX

as there was no electrodiagnostic evidence for radial tunnel syndrome.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for ongoing lateral epicondylitis in the right elbow for approximately xxxxx year. This has failed conservative measures to include splinting and bracing, medications to include anti-inflammatories, physical therapy, and injections. The patient's most recent physical examination findings noted evidence consistent with symptomatic right lateral epicondylitis. The submitted electrodiagnostic studies from XX/XX/XX only noted evidence for mild right median mononeuropathy. There was no evidence for radial tunnel syndrome. In this case, it is this reviewer's opinion that the additional records provided establish the indications for right lateral epicondylar debridement. The patient now has symptoms for up to one year without improvement with conservative management. The patient's physical examination findings were also consistent with symptomatic lateral epicondylitis. As such, it is this reviewer's opinion that the lateral epicondylar debridement request is medically necessary. However, given the lack of electrodiagnostic evidence for active radial tunnel syndrome, it is this reviewer's opinion that the radial tunnel release component of the request is not medically necessary and the denials remain upheld regarding this particular procedure.

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

ACOEM-AMERICA 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 JUDGEMENT, 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)