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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Excision of the Right Olecranon Bursa

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

Orthopaedic Surgery

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was described as hitting the XXXX. The patient was diagnosed with acute olecranon bursitis of the right elbow. Prior treatment included analgesics, anti-inflammatories, and aspiration and injection with corticosteroids. According to submitted documentation, the requested surgical procedure was previously denied on XXXX as surgery for olecranon bursitis is not recommended by evidence-based guidelines and given a lack of documented failure of conservative care. On XXXX, the patient presented for follow-up with ongoing pain at the right elbow. XXXX reported no improvement and reported pain over the olecranon bursa. XXXX was also having swelling. On physical examination, there was tenderness and swelling over the right olecranon bursa, with no evidence of infection. Range of motion in the right elbow was decreased secondary to pain and swelling. There was no tenderness over the medial and lateral epicondyle. The treatment plan included recommendation for excision of right olecranon bursa.

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

Regarding the requested excision of right olecranon bursa, the request was previously denied due to insufficient documentation regarding a failure of nonoperative treatment and given that guidelines do not recommend surgical intervention for olecranon bursitis. In this case, additional

documentation was provided for review, indicating that the patient had been treated conservatively with analgesics, anti-inflammatories, and aspiration and injection with corticosteroids. However, guidelines still do not recommend surgical intervention for this condition. Very severe chronic cases may require bursectomy, for patients who have failed to respond to multiple draining attempts. In this case, there was no description of multiple prior draining attempts.

Given guideline recommendations and the above, the request for excision of right olecranon bursa remains not medically necessary, and the prior determination is upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Elbow, Surgery for olecranon bursitis Not recommended.