

**True Decisions Inc.**  
**An Independent Review Organization**  
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**Date:** 2/12/2018 1:00:52 PM CST

**IRO CASE #: XXXX**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Tenotomy, elbow, lateral or medial; debridement, soft tissue and/or bone, open with tendon repair or reattachment

**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 now XX-year-old XX with a history of an occupational claim from XXXX. The mechanism of injury was not discussed in the clinical note associated with the request. XX was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral radial tunnel syndrome. Prior treatment included bilateral carpal tunnel releases. The request was previously submitted for elbow tenotomy with debridement, although this was previously denied given evidence of a normal EMG study, and no documentation of functional loss or conservative treatment. Electrodiagnostic studies performed on XXXX revealed normal findings, with no electrophysiological evidence for a right or left median neuropathy at the wrist, elbow, forearm or upper arm, or right or left cervical radiculopathy. On XXXX, the patient presented for follow-up. XX complained of ongoing aching bilateral pain, rated 3/10. On physical examination, sensation was decreased in an ulnar nerve and medial nerve distribution. Tinel sign was positive on the right. On the left, Tinel sign was positive at the median nerve, and at the ulnar nerve. Carpal compression testing and Phalen's tests were also positive. At the elbow, there was tenderness to palpation over the ulnar nerve on the left. The treatment plan included the recommendation for elbow tenotomy on the left and plans for follow-up.

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

Regarding the requested left tenotomy, the submitted documentation indicated that the patient had ongoing pain despite bilateral carpal tunnel releases. XX reported ongoing pain in the left elbow, and the

recommendation was made for surgery. However, this request was previously denied due to evidence of normal EMG study performed on XXXX. The study did not reveal electrophysiological evidence for left median neuropathy at the wrist, elbow, forearm, or upper arm. Guidelines recommend surgery for patients who have failed status 6 months of conservative care and who have positive electrodiagnostic studies and objective evidence of loss of function. There was a lack of clear documentation regarding objective loss of functioning, evidence of 3-6 months of conservative care modalities, and positive electrodiagnostic studies to support proceeding with the requested surgery.

Therefore, the requested ‘Tenotomy, elbow, lateral or medial, debridement, soft tissue and/or bone, open with tendon repair or attachment’ 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:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL