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January 8, 2018

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Elbow Lateral Epicondyllectomy with PRP injection

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

The Reviewer is a Board Certified Orthopedic Surgeon with over 15 years of experience

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX-year-old XXXX who sustained an injury on XXXXX when XXXX XXXXX XXXX XXXXX and XXXXX. XXXX heard a XXXXX.

XXXXX: MRI Right elbow interpreted by **XXXXX**, MD. Impression: Partial rupture of the common extensor tendon origin with adjacent prominent edema, small hematoma formation, and reactive, edema in the adjacent musculature.

XXXXX: Office report by **XXXXX**. Claimant has limited mobility. XXXX pain was rated 5/10. On examination of the right elbow, XXXX was able to flex and extend XXXX fingers with difficulty. XXXX had normal light touch. XXXX had tenderness over this right elbow directly over XXXX lateral epicondyle. XXXX was having pain with flexion and extension. XXXX had ROM 40 to 120 degrees. XXXX had limited pronation and supination secondary to pain. There was normal light touch sensation in the median, ulnar, and radial nerve in this right arm. Treatment included PT.

XXXXX: Office visit by **XXXXX**. The claimant returned. XXXX had been in a sling. XXXX was sent to PT and was improving until recently and started in therapy where XXXX started having pain. XXXX said XXXX now could not lift anything. XXXX was unable to shake hands. XXXX has pain with grip. On examination, there was tenderness over the left condyle and extensor carpi radialis brevis.

There was pain in the lateral epicondyle and down XXXX third metacarpal base. There were no radiating symptoms of numbness. Medications: Ibuprofen 800mg, Demerol 50mg, Medrol 4mg, Mobic 7.5 mg, Norco 10-325mg.

XXXXX: UR performed by **XXXXX**. Rationale for denial: Based on the clinical information submitted for this review the above request is non-certified.

XXXXX: UR performed by **XXXXX**. Rationale for denial: The claimant is a XX-year-old XXXX who sustained an injury on **XXXXX**. XXXX **XXXXX** and **XXXXX**. It was documented that the claimant failed conservative treatment. Additionally, PRP injection is recommended as a second line therapy for chronic lateral epicondylitis after first line PT. This case is in the acute phase and 12 months of failed conservative management is not established.

XXXXX: Office visit by **XXXXX**. Claimant was seen for repeat evaluation of epicondylitis of XXXX elbow. Exam shows positive tenderness over the lateral epicondyle of the right elbow, positive provocative maneuvers, and positive tenderness with ECRB. Impression: Continued lateral epicondylitis. Treatment: PRP injection as per dictated by work comp.

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

The request for right elbow lateral epicondylectomy with PRP injection is denied.

This patient developed right elbow lateral epicondylitis following an injury in XXXXX. XXXX elbow MRI demonstrated a partial tear of the common extensor origin. XXXX condition has not improved with medication and physical therapy. The treating physician has recommended surgery, which would consist of lateral epicondylectomy, ECRB debridement, and PRP injection.

The Official Disability Guidelines (ODG) supports surgery for lateral epicondylitis in patients who have failed 12 months of conservative care, consisting of activity modification, physical therapy, NSAIDs, and elbow bands/straps. The vast majority of patients (95%) improve with conservative care.

The injured worker has not completed 12 months of conservative care. The records do not indicate any treatment with an elbow band/strap. A cortisone injection should be considered prior to a PRP injection.

This patient is not a surgical candidate. The requested surgical procedure is not medically necessary.

ODG Guidelines:

Recommended for chronic lateral or medial epicondylitis as indicated below, after 12 months of failed conservative treatment.

For possibly recommended initial conservative epicondylitis treatments, see [Acupuncture](#); [Autologous blood injection](#); [Exercise](#); [Injections](#) (corticosteroid); [Iontophoresis](#); [Laser treatment](#) (LLLT); [Manipulation](#); [NSAIDs](#); [Physical therapy](#); [Platelet-rich plasma](#) (PRP); [Prolotherapy](#); [Stretching](#); [Tennis elbow band](#); [Topical NSAIDs](#); [Ultrasound, therapeutic](#); [Viscosupplementation](#).

Criteria for Epicondylar Release for Chronic Epicondylalgia:

- Limit to persistent symptoms that interfere with activities that have not responded to an appropriate period of nonsurgical treatment, over 95% recover with conservative treatment
- 12 months of compliance with non-operative management: Failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow.
- Any of three lateral surgical approaches are acceptable (open, percutaneous and arthroscopic); open approach for medial.

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**
- ☐ **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)**