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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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

This case was reviewed by a board-certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:

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

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX with an extensive surgical history to XXXX XX arm following work related injury on XXXX. XXXX underwent XX XX XX, XX XX, and XX in XXXX followed by XX XX and hardware removal in XXXX. XXXX subsequently underwent in XX XX nerve release in XXXX. XXXX then required XX XX XX XX in XXXX. The most recent progress note dated XXXX by XXXX revealed the patient complained of XX arm numbness and tingling, weakness, loss of function, numbness in XX/XX/XX XX. XXXX underwent treatment with work and activity modifications, EMG, splints, medications. Exam

revealed positive XX and XX XX at the XX and XX XX. XXXX was working full duty without restrictions but having symptoms. XXXX was recommended XX elbow in XX XX vs XX and XX XX. The XX and XX conduction studies dated XXXX revealed XX XX XX syndrome but no evidence of XX XX. This case has undergone 2 previous adverse determinations due to lack of conservative care and lack of correlating physical exam findings in the XX XX.

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

After review of the records submitted, the denial is upheld for the request for coverage of XX XX.

The records revealed that the patient meets ODG criteria for failure of conservative care with more than 3 months of symptoms. Subjectively, XXXX complains of XX elbow pain, functional difficulties, and sensory deficits involving both XX and XX fingers. The physical exam findings are consistent with XX XX including positive XX and compression tests at the XX elbow. However, the nerve conduction study findings reveal no evidence of XX XX but in fact revealed XX XX XX. As there is no supporting abnormality on nerve conduction studies consistent with XX XX at the elbow, the patient fails to meet all the ODG criteria for the requested XX elbow XX XX XX vs XX and XX XX. Therefore, the medical necessity has not been established for the requested XX Elbow XX XX XX XX (XX). Thus, the previous adverse determination is upheld and the request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Elbow - (updated 6/25/2018)

Surgery for XX XX XX (XX XX XX)

Recommended as indicated below (simple decompression in most cases). Surgical transposition of the XX XX is not recommended unless the XX XX clearly subluxes (snaps) during elbow motion, since mild subluxation is naturally present in over a third of population.

See also XX XX syndrome (XX XX XX) testing.

ODG Indications for Surgery -- Surgery for XX XX syndrome: XX initial conservative treatment (unless clearly documented acute or advanced findings of motor weakness, muscle atrophy, and fixed sensory changes) requiring ALL of the following:

1. Conservative Care: Recommend at least 3 months (since many patients can be treated non-operatively, benefitting from time and education): Avoidance of direct elbow contact, decreased repetitive elbow activity, NSAIDs, and night splinting to prevent pressure and excessive elbow flexion during sleep. Physical therapy is occasionally beneficial, but XX injections are not. PLUS
2. Subjective Clinical Findings: Pain, functional difficulty, and XX deficit involving XX/XX XX. PLUS
3. Objective Clinical Findings: Physical exam demonstrates XX XX over the XX XX in elbow flexion with positive XX XX XX XX-XX XX test > XX XX in XX/XX fingers XX XX XX XX test; AND XX on XX XX studies XX with XX XX at the XX. AND Absence of other mimicking conditions like XX XX, XX XX syndrome (XX), XX XX XX, XX XX, and Pressure palsy PLUS
4. Imaging Clinical Findings: Conventional x-rays do not show other unexpected findings requiring additional surgical consideration (e.g. osteomyelitis, tumor, severe OA, malunion, etc.) Ultrasound and MRI may occasionally have a limited diagnostic role only for equivocal and confusing cases, sometimes revealing subtle objective morphological changes in the XX XX and/or XX site.