

# CASEREVIEW

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** March 24, 2015

**IRO CASE #:**

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

Bursectomy with Excision Exostosis Right Elbow

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

This physician is a Board Certified Orthopedic Surgeon with over 13 years of experience.

**REVIEW OUTCOME:**

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

Overturned (Disagree)

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 male who was injured on xx/xx/xx when he slipped and fell and landed on both arms.

On December 3, 2014, the patient presented with right elbow pain pressure, numbness and outward bulge. He complained about not being able to lift heavy items with the right arm. He was also having pain in the left elbow. On examination of the right arm there was joint swelling/edema of the right elbow with crepitus. ROM and muscle strength were normal. There was right elbow edema/bursitis with some numbness. Diagnosis: elbow injury and bursitis. Plan: X-rays were ordered. Recommended RICE, may take NSAID as needed for pain/swelling, Celebrex Rx given or may take ibuprofen or Aleve. Bracing/splinting or steroid injection may be indicated if symptoms persist. Referral to (Orthopedic Surgeon) ordered.

On December 15, 2014, the patient presented with swelling and pain of the right elbow. He also reported occasional numbness of the last three fingers. On examination, everything was normal except the right elbow had a large olecranon bursa but the skin was intact without signs of infection. Diagnosis: Olecranon bursitis and contusion of the elbow with intact skin surface. Procedure: The patient was aspirated 7mL clear synovial fluid and injected with 1mL Marcaine and 80 mg Depomedrol. The patient reported good relief with the injection. X-rays of the elbow were completed and demonstrated an osteophyte and bursal soft tissue swelling.

On December 29, 2014, the patient presented with returned swelling and pain following aspiration and Corticosteroid injection. Plan: Following discussion, the patient elected to proceed with surgery.

On January 15, 2015, the patient presented with a severe case of olecranon bursitis of the right elbow with associated numbness around the bursa. It was reported that all conservative measures such as rest, ice, anti-inflammatories, padding of the elbow and aspiration had failed. was scheduled to perform a bursectomy, however it was determined he was out of network and therefore was referred. On examination there was tissue swelling over the posterior olecranon. The bursa was tense and full of fluid. It was tender to palpation. X-rays showed a small enthesophyte, traction-type of the right olecranon process as well as the soft tissue swelling. Assessment: Olecranon bursitis, right elbow, failed conservative treatment. Plan: Proceed with surgery.

On January 26, 2015, UR. Rationale for Denial: As per guidelines, if the fluid continues to return after multiple draining or the bursa is constantly causing pain to the patient, surgery to remove the bursa is an option. While the patient complains of right elbow pain and swelling, there was no evidence in the medical reports submitted that the patient has failed multiple aspirations prior to the proposed surgery. As for the request for excision of an exostosis the referenced guidelines recommended exercise programs to maintain range of motion, strength, and mobility. There is no indication that the patient had attempted an exercise regimen. In consideration of the foregoing issues and the referenced evidence based practice guidelines, the medical necessity of the requested surgery has not been established.

On January 30, 2015, the patient presented for follow-up. It was noted that the patient had wrapped his right elbow diligently for three weeks, had been on anti-inflammatories, had duty modification, aspirations and an injection of cortisone. None of the treatments had resolved his symptoms. Although re-aspiration is an option, the patient was not interested as it did not work the first time and due to the constant pain wished to proceed with surgery.

On February 11, 2015, UR. Rationale for Denial: The previous request was denied due to lack of evidence in medical report of multiple aspirations and no indication if patient has attempted an exercise regimen. On 1/15/2015 the patient

was seen for problem with right elbow since 11/2014. There had been tissue swelling over the posterior olecranon. The bursa was tense and full of fluid. There was tenderness. The request is for bursectomy with excision exostosis right elbow. The Official Disability Guidelines state that surgery for olecranon bursitis is not recommended. Surgery is an option if the fluid continues to return after multiple drains or as the bursa is constantly causing pain to the patient. There is no new evidence within the documentation to support bursectomy with excision exostosis for the right elbow. There is a lack of documentation of multiple failed aspirations and lack of documentation of an exercise regimen being attempted. The medical necessity of the request has not been established, and the previous determination is upheld.

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

The claimant is indicated for right elbow bursectomy and excision of exostosis.

He developed right elbow olecranon bursitis following the work accident of November 16, 2014. He has been treated with compression, anti-inflammatory medication, work modifications, multiple bursal aspirations and a cortisone injection. He continues to have swelling and discomfort from his bursitis nearly four months after his injury.

The Official Disability Guidelines (ODG) recommends surgery for olecranon bursitis in very severe chronic cases. The patient's elbow condition is now chronic. He has received conservative care for four months. It is doubtful that his bursitis will resolve with further conservative care. Additional injections and aspirations are not recommended.

Therefore, the request for Bursectomy with Excision Exostosis Right Elbow is medically necessary for this claimant.

PER ODG:

Surgery for olecranon bursitis	Not recommended. Conservative treatment remains the treatment of choice for olecranon bursitis. The risk of wound healing problems and recurrence is high after surgical resection. ( <a href="#">Degreef, 2006</a> ) Usually, no surgical intervention is required in cases of olecranon bursitis; however, very severe chronic cases may require bursectomy. This demonstrated endoscopic bursal resection relieves pain symptoms in patients with olecranon bursitis. Fortunately, most cases of olecranon bursitis respond to nonsurgical treatment. If the fluid continues to return after multiple drainings or the bursa is constantly causing pain to the patient, surgery to remove the bursa is an option. The minor operation removes the bursa from the elbow and is left to regrow but at a normal size over a period of ten to fourteen days. It is usually done under general anaesthetic and has very minimal risks. ( <a href="#">Ogilvie, 2000</a> ) Elbow bursitis, also called olecranon bursitis, is a common cause of swelling and inflammation around the elbow joint. It is usually treated easily by draining.
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**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)**