

# **IRO Express Inc.**

**An Independent Review Organization**

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## ***Notice of Independent Review Decision***

### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Orthopedic Surgery

### ***Description of the service or services in dispute:***

Right elbow extensor tendon repair

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

### ***Patient Clinical History (Summary)***

This is a female with complaints of elbow pain. On 09/22/14, she was seen in clinic for complaints of right elbow pain. She stated she was at work trying to close a heavy door of a loading ramp and the door jammed and she sustained an injury to her right elbow. At that time she had been taking Ibuprofen and Hydrocodone. Physical examination found minimal range of motion secondary to pain actively. The patient was neurologically intact and was tender over the lateral epicondyle and tender over the extensor mechanism. She also had medial epicondylar tenderness. X-rays showed a normal right elbow. On 10/08/14, an MRI of the right elbow was obtained showing no internal derangement of the right elbow joint. The lateral ulnar collateral ligament, the radial collateral ligament, common extensor tendon, and common flexor tendon were all intact. On 10/27/14, the patient was seen for initial chiropractic examination. Objectively, the patient reported decreased sensation in a C5 and C6 distribution to the right upper extremity. On 12/02/14, a final report was submitted by the chiropractic provider, noting the patient's condition was lateral epicondylitis to the right elbow and the patient had completed the 8 sessions of therapy with 1 steroid injection to the right elbow prior to therapy. On 03/04/15, the patient returned to clinic still complaining of right elbow pain secondary to lateral epicondylitis.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On 12/09/14, a utilization review determination letter stated that the requested procedure was not certified. It was noted there was an injection, medication, and physical therapy and the MRI was negative. There was an inadequate attempt at conservative care and therefore the request did not meet evidence based guidelines. On 02/02/15, an adverse determination letter was submitted noting that the only conservative treatment sufficiently documented in regards to the elbow was an injection. There was no indication that a tennis elbow band or support had been tried and there was mention of physical therapy but there was a lack of evidence to support that there was a sufficient amount of physical therapy with modalities. Therefore the request was non-certified.

The submitted records indicate the patient has had 1 steroid injection to the right elbow and 8 chiropractic treatments to the right elbow. The chiropractic treatments indicated that active treatment included active therapy, hand bike puddy ball, and the patient showed hesitation in active therapy. Guidelines indicate that there should be 12 months of compliance with non-operative management with failure to improve with NSAIDs, elbow bands or straps, activity modification, and physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow for this procedure to be considered reasonable and/or necessary. As this has not been documented, it is the opinion of this reviewer that the request for a right elbow extensor tendon repair is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)