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I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 IR
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: @i-resolutions.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X was lifting heavy object, resulting in a pop and immediate pain in the forearm region. The diagnosis was pain of right elbow joint. X underwent physical therapy visit on X by X, PT. X presented to physical therapy with right elbow pain after sustaining job related injury. Mechanism of injury was lifting heavy object, resulting in a pop and immediate pain in the forearm region. Imaging was reportedly explained in two different manners by two different doctors. One stating. X presented with severe irritability which was considerably limiting right upper extremity function and ability to perform X work-related tasks safely. X had extreme tenderness to palpation over the localized area on top of the forearm from the lateral epicondyle to X to X inches below the elbow over the origin of the extensor tendons. Majority of objective testing was unable to be obtained due to state of irritability; however, enough assessment was undergone to draw relevant conclusions concerning this case. During mobility and resistance testing, it was apparent that the wrist extensor muscle group was heavily involved as a pain generator and function limiter. Most notably, the extensor radialis brevis had the most heightened reproduction of pain when resisting extension over the middle finger. In attempt to calm the associated structures, X would undergo a mobility and desensitization program to give conservative treatment a shot at managing symptoms; however, due to time since injury, progressions made thus far, and X needed further surgery consultation. X would be assessed in two weeks to determine if the ongoing treatment plan was worth continued pursuit. The assessment included pain in right elbow. X was recommended X. According to ODG guidelines sprains and strains of the elbow, call for X visits over X weeks. X initially requested X visits over X weeks to determine the appropriate direction of this case upon re-evaluation. X was seen by X, MD on X for right elbow pain. X presented with a X. Dr. X submitted for surgery months prior. Workers' Compensation denied this saying X had not X. X had X. X was unable to do any lifting or grasping activities. X was miserable and X did want to work. On examination, X weight was 143 pounds and body mass index (BMI) was 23.1 kg/m². X had full extension of the right elbow and had flexion to about X degrees.

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X had X. X experienced discomfort with X. X was X. X did have considerable discomfort with resisted X. The assessment included pain of right elbow joint. X presented with a X. X had X. It would be resubmitted again for surgical intervention. X-rays of the right elbow dated X showed X. There was X. There was X. There were X. An MRI of the right elbow dated X revealed X. It was adjacent to the surface marker placed in the lateral aspect of the elbow. Ligaments and tendons about the right shoulder were otherwise unremarkable. There was X. There were X. There was X. Per an initial adverse determination letter dated X by X, MD, the request for repair of the X was denied. Rationale: "The proposed treatment consisting of Repair of the X is not appropriate and medically necessary for this diagnosis and clinical findings. Official Disability Guidelines recommends surgery for X. On X, the claimant was with X. Right elbow exam showed full extension and flexion X degrees, X was quite painful as well as resisted wrist extension; minimal grip strength; tenderness to palpation over the common extensor insertion point. Official MRI results were not included for review and claimant has not had at least X months of non-operative management. As such, the request for X is non-certified. "Per a reconsideration adverse determination letter dated X by X, MD, the request for repair of X was denied. Rationale: "The proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. The Official Disability Guidelines conditionally recommend Surgery for X. On X, the claimant was seen for a follow up visit and reported right elbow pain with X. The claimant was unable to grip, hold, or pick up items with X right hand. On the exam, the right elbow flexion was X degrees, the claimant had full extension. There was X. The claimant reported pain with X. The claimant had minimal grip strength, and tenderness to palpation over the common extensor insertion point. Right elbow MRI dated X noted X. This is adjacent to the surface marker placed in the lateral aspect of the elbow. X noted. This request was previously reviewed and denied as the official MRI results were not included for review and claimant has not had at least X months of non-operative management. While there is documentation for pain and weakness in the right elbow, there is no clear documentation that the claimant utilized elbow band/straps with conservative care. The injury is less than X months old and the guideline recommends surgical intervention after X months of conservative treatment. Partial certification is not permitted in this jurisdiction without peer-to-peer discussion and agreement. As such, the request for X is noncertified.

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“Based on the submitted medical records, the requested procedure is not medically necessary. The medical records do not demonstrate that the patient has attempted at least X months of conservative treatment as recommended by the guidelines. As such, the requested procedure is not medically appropriate at this time. No new information has been provided which would overturn the previous denials. X is not medically necessary and non certified

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

Based on the submitted medical records, the requested procedure is not medically necessary. The medical records do not demonstrate that the patient has attempted at least X months of conservative treatment as recommended by the guidelines. As such, the requested procedure is not medically appropriate at this time. No new information has been provided which would overturn the previous denials. X is not medically necessary and non certified

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**