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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a X who has requested authorization and coverage for X. The Health Plan denied this request on the basis that these services are not medically necessary for treatment of the member's condition.

A review of the record indicates that the member has been diagnosed with left lateral epicondylitis. The record from the member's orthopedic surgery visit on X indicated that the member was working on maximizing nonoperative management but was having persistent dysfunction with activities of daily living as well as X job. It noted that the member was unable to lift, maneuver and use X left arm with full benefit and function. It also noted that the member received a X. It indicated that the member still had persistent pain with activities. It also indicated that the member rated X pain as X out of X and reported that it had not changed in caliber quantity. It noted that the member had significant tenderness to palpation over the lateral epicondyle and mobile wad and pain with resisted wrist extension. It explained that the member has exhausted conservative management and was still very dysfunctional.

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

The Maximus physician consultant explained that this is a X. Imaging studies have demonstrated signal change at the lateral epicondyle at the common extensor tendon. Treatment has included X.

The Maximus physician consultant indicated that Official Disability Guidelines & Treatment Guidelines (ODG) for X. Indications include limited to persistent symptoms that interfere with activities that have not responded to an appropriate period of non-surgical treatment. The other indication is X months of compliance with non-operative management including failure to improve with X.

The Maximus physician consultant noted that records indicate that the member's symptoms and treatment began about X. Treatments have included X. The timeline for X months of completed treatment, documented in the medical records, has not been met. Therefore, according to this standard for medical necessity this request for X does not meet the standard for medical necessity for treatment of the member's condition.

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