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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right elbow Corticosteroid Injection

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

M.D., Board Certified Orthopedic Surgeon

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

Dr. Office Note: 07/21/10

W/C Information Sheet: 07/22/10

Dr. Office Records: 07/28/10, 08/26/10, 09/13/10, 09/27/10, 10/20/10

Right Shoulder MR arthrogram: 08/12/10

Authorization Requests: 09/01/10, 09/21/10, 10/06/10, 10/21/10, 10/25/10

MRI Right Elbow: 09/07/10

Letter of Appeal: 09/21/10

Prescription for PT: 09/27/10, 10/20/10

Initial Physical Therapy Evaluation: 10/04/10

Physical Therapy Progress Note: 10/18/10

Peer Reviews: 10/28/10, 12/01/10

Notice of Independent Review Decision: 11/01/10

Appeal – Authorization Request: 11/11/10

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported right elbow and right shoulder injury that occurred while at work on xx/xx/xx after working on a ladder for approximately five hours doing overhead work. His diagnosis is right elbow pain, right lateral and medial epicondylitis and right triceps tendinitis as well as right shoulder pain and right shoulder impingement syndrome. The 07/28/10 exam included right elbow x-rays that revealed a small medial and lateral epicondylar spur. Clinical findings included a burning pain with flexion and extension with tenderness at the posterior distal aspect of the lateral epicondyle along with pain with

firm grasping and with resisted right wrist extension. The 08/26/10 followup note revealed continued right elbow pain approximately one month post injection. The right elbow MRI obtained on 09/07/10 revealed unremarkable findings. Conservative treatment included the use of a tennis elbow brace and exercises, activity modifications and work restrictions, anti-inflammatories, analgesics physical therapy, a home exercise program and the one right elbow corticosteroid injection. The 10/20/10 right elbow exam demonstrated pain in the triceps tendon with flexion and extension, tenderness along the anterior aspect of the lateral epicondyle, pain laterally with resisted wrist extension and pain laterally with firm grasping. Continued physical therapy and medication management along with a request for an additional corticosteroid injection to the right elbow was recommended and requested.

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

It appears on review of the medical records in this case that a right elbow injection was provided on 07/28/10. An MRI of the right elbow of 09/07/10 was simply normal.

The ODG Guidelines would outline that short-term symptoms would be appropriately treated with injection, whereas after six weeks physical therapy is more efficacious in reducing symptoms. In this case, the MRI would appear completely normal and the intent of the injection is less clear. The medical necessity of Right elbow Corticosteroid Injection cannot be supported by the reviewer based on the records reviewed and ODG. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Elbow -- Injections (corticosteroid)

Injections (corticosteroid):

- Recommend single injection as a possibility for short-term pain relief in cases of severe pain from epicondylitis.
- However, beneficial effects persist only for a short time, and the long-term outcome could be poor.
- The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow.
- While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued nonoperative management.
- Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit.
- In the short-term (< 6 weeks), corticosteroid injection helps relieve symptoms from lateral epicondylitis. After 6 weeks, however, physical therapy is superior to steroid injection for symptom relief.
- Lateral epicondylitis (tennis elbow) can be treated in the short-term (< 6 weeks) with corticosteroid injection, with better improvement vs nonsteroidal anti-inflammatory drugs. After 6 weeks, physical therapy is more efficacious in reducing symptoms vs corticosteroid injection. During initial physical rehabilitation, corticosteroid injections can help control pain from lateral epicondylitis.

Long-term use of corticosteroid injections for tendinopathy may be harmful, according to the results of a systematic review of randomized controlled trials reported in The Lancet. There was moderate evidence of harmful effects of repeated corticosteroid injection on pain, but the optimal number of doses and interval between injections are not known.

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

ACOEM-AMERICA 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)