

US Decisions, Inc.
An Independent Review Organization
71 Court Street
(512) 782-4560 (phone)
(207) 470-1085 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 04/17/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy three times a week for three weeks.

A 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)

Upon independent review the reviewer finds that the requested Physical Therapy, three times a week for three weeks, is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination letters, 02/26/08, 04/01/08
2. ODG Guidelines and Treatment Guidelines
3. Preauthorization Request
4. M.D., 02/18/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who injured the elbow and underwent physical therapy with good relief and now has recurrence of pain. Based on the medical records provided, there have not been injections. There has been the use of Celebrex. The pain rated, as far as I can tell, as 4/10 at its worst. The patient completed rehabilitation last year and received at least the amount of rehab recommended under the ODG Guidelines.

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

This is a patient with recurrent epicondylitis who has already received adequate physical therapy and also received muscle relaxers and anti-inflammatory medications. Injections to the epicondylar area, according to the medical record, have not yet been attempted apparently, and we do not see indication of bracing. As far as physical therapy is concerned, the patient is outside of the range that would be reasonable and necessary as recommended under the ODG Guidelines. The patient is now eight months post injury, and passive and active physical therapy modalities have not been shown at this juncture in orthopedic problems regionally of any benefit as far as the outcome is concerned. For this reason, the previous adverse determination is 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
- 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)**