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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational therapy (01/28/2008 through 02/29/2008): Paraffin bath (97018), electrical stimulation (97014), ultrasound (97035), unattended electrical stimulation (G0283), therapeutic activities (97530), and therapeutic exercises (97110).

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Department of Insurance

- Utilization reviews (01/21/08 – 01/24/08)
- Office notes and therapy (12/13/07 – 01/29/08)
- Utilization reviews (01/21/08 – 01/24/08)

ODG criteria are utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old right-hand dominant female who was injured on xx/xx/xx. Due to repetitive motion at work, she injured her right arm.

In December 2007, M.D., evaluated the patient for right elbow and forearm pain. X-rays of the right elbow were unremarkable. Dr. assessed right elbow pain with lateral epicondylitis, prescribed a pneumatic arm band and Naprosyn, and released her to regular duty. From December 27, 2007 through January 18, 2008, the patient attended seven sessions of physical therapy (PT) consisting of ultrasound, exercises, and manual technique.

Request for the PT was denied with the following rationale: *This is the request for physical therapy three times a week for four weeks to the right arm for the one unit of electrical stimulation, one unit paraffin bath, one unit ultrasound, two units therapeutic exercises, two units of therapeutic exercises, two units of therapeutic activities, and one unit of electrical stimulations as related to the right arm. This claimant was injured on xx/xx/xx. The right arm was injured due to repetitive motion. There is pain in the elbow. Prior treatment consisted of nine sessions of therapy. The ODG guides note: Synovitis and tenosynovitis (ICD9 727.0). Medical treatment: nine visits over eight weeks. The patient has reached the amount of therapy normally suggested for this condition. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist, but rather through the active, independent home exercise program advocated by the ODG and ACOEM evidence based guidelines.*

An appeal for re-consideration of PT was denied with the following rationale: *The request exceeded the criteria outlined in the ODG but did not offer any rationale to support the medical necessity to exceed the guidelines. The reviewer was authorized to modify the request. The appeal is for outpatient PT three times a week for four weeks. The appeal documentation includes an authorization to modify the request. There is still no documentation to explain/support the medical necessity of exceeding the recommendations of ODG. The ODG guideline's elbow (acute and chronic) chapter states: ODG PT guidelines-general: up to three visits contingent on objective improvement documented (i.e. VAS improvement of greater than four). Further trial visits with fading frequency up to six contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: eight visits over five weeks. I have reviewed the initial and appeal documentation. I concur with the initial reviewer's recommendation.*

On January 29, 2008, the patient was re-evaluated by the therapist. She continued to have right upper extremity weakness, pain radiating into the right lateral elbow. She continued to have decreased strength and soft tissue pain in her right upper extremity. She was instructed on home exercises for stretching and hand strengthening. Therapy was planned for 1-2 times a week for 4-6 visits.

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

There is no documentation to support the need for occupational therapy exceeding accepted guidelines and others, which range from three to nine sessions. *The ODG guideline's elbow (acute and chronic) chapter states: ODG PT guidelines-general: up to three visits contingent on objective improvement documented (i.e. VAS improvement of greater than four). Further trial visits with fading frequency up to six contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: eight visits over five weeks.*

Therapeutic Associates Guidelines is an evidenced based study, which agrees with ODG recommendations that range from three visits to nine.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) THERAPEUTIC ASSOCIATES GUIDELINES IS AN EVIDENCED BASED STUDY AND TREATMENT RECOMMENDATIONS FOR THE DIAGNOSES RANGE FROM THREE TO NINE VISITS