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Notice of Independent Review Decision

DATE OF REVIEW: June 30, 2008

IRO CASE #:

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical/Occupational therapy, right elbow, three times per week for
four weeks **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx involving the right elbow. On June 5, 2008, a request for 12 visits of physical therapy was non-certified by another reviewer. The peer review report states that the claimant is a xx-year-old male who injured his right elbow when opening a tailgate. He underwent surgery to the right elbow in 2004 and has undergone therapy. He was seen for evaluation on May 19, 2008 with a chief complaint of right elbow pain. The report indicates that the claimant had been working full duty without restrictions. Examination findings included a postoperative scar, some tenderness to palpation over the lateral epicondyle, good strength with good range-of-motion of the wrist, very mild pain with resisted wrist extension, and neurologically intact. The peer-review physician noted that the most recent physical examination is unremarkable and the claimant continues to work full duty without restrictions. The reviewer stated that nothing more than a home exercise program is indicated at this time.

The case was again reviewed on June 17, 2008 and a non-certification rendered. The reviewer noted that the patient has tenderness over the lateral epicondyle. He stated that injury at this juncture is unlikely to be changed and the claimant has healed completely from the injury by this time. It was also noted that the claimant is working without restrictions.

In reviewing the medical records, he was evaluated on May 19, 2008 as outlined above. He was advised to continue working full duty and was provided a prescription for some ketoprofen cream. He was also provided a lateral epicondylitis Cho-Pat strap.

The records also include a June 2, 2008 hand/upper extremity evaluation report. This report lists chief complaints of dropping objects during daily routine, loss of strength, and pain rated at the 5/10. Right elbow active range of motion was noted to be 135 degrees flexion, 0 degrees extension, and supination/pronation within normal limits. Manual muscle testing revealed 4/5 strength and symmetrical grip strength. The patient has been diagnosed with lateral epicondylitis.

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

As outlined above, the patient has continued working full duty. However, he reported on June 2, 2008 that he was dropping objects during his daily routine and had a loss of strength. Upon evaluation on this date of service, he demonstrated minimal objective findings and had symmetric grip strength. Without significant positive objective findings, proceeding with an extensive formal therapy program is not indicated. In addition, as noted in the medical references, the Official Disability Guidelines recommend eight visits over five weeks to address lateral epicondylitis. Given that the patient is experiencing a mild flareup of symptoms and the fact that he has undergone both surgery and therapy in the past, one or two occupational/physical therapy sessions may be indicated followed by transition to an independent home exercise program. However, the recommended quantity of occupational/physical therapy visits exceeds the maximum recommended by the Official Disability Guidelines. Therefore, my determination is to uphold the previous decisions to non-certify the request for Physical/Occupational therapy, right elbow, three times per week for four weeks.

The IRO's decision is consistent with the following guidelines:

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
- ____ x_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

Official Disability Guidelines/Elbow Chapter:

Physical/Occupational therapy:

Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific physical therapy modalities by name. (Pilgian, 2000) (Handoll-Cochrane, 2003) (Boisabert, 2004) (Boyer, 1999) (Sevier, 1999) (Foley, 1993) (Struijs, 2004) (Smidt, 2005) (Smidt, 2003) (Lund, 2006) Women and patients who report nerve symptoms are more likely to experience a poorer short-term outcome after PT management of lateral

epicondylitis. Work-related onsets, repetitive keyboarding jobs, and cervical joint signs have a prognostic influence on women. (Vaugh, 2004) A recent clinical trial found that, after 12 months, the success rate for physical therapy (91%) was significantly higher than injection (69%), but only slightly higher than in the wait-and-see group (83%). (Korthals-de Bos, 2004)

ODG Physical Therapy Guidelines -

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Sprains and strains of elbow and forearm (ICD9 841):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

Lateral epicondylitis/Tennis elbow (ICD9 726.32):

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Medial epicondylitis/Golfers' elbow (ICD9 726.31):

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Enthesopathy of elbow region (ICD9 726.3):

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Olecranon bursitis (ICD9 726.33):

Medical treatment: 8 visits over 4 weeks

Dislocation of elbow (ICD9 832):

Stable dislocation: 6 visits over 2 weeks

Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks

Fracture of radius/ulna (ICD9 813):

Post-surgical treatment: 16 visits over 8 weeks

Fracture of humerus (ICD9 812):

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

Ill-defined fractures of upper limb (ICD9 818):

8 visits over 10 weeks

Arthropathy, unspecified (ICD9 716.9):

Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks

Rupture of biceps tendon (ICD9 727.62):

Post-surgical treatment: 24 visits over 16 weeks

Traumatic amputation of arm (ICD9 887):

Post-replantation surgery: 48 visits over 26 weeks