

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 24, 2008

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of Botox to Right elbow/upper extremity (64614)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
342.11	64614		Prosp	1					Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 12 pages of records received from the URA to include but not limited to: Insurance Research Request form; notes, 12.10.07-1.24.08; letters 1.24.08

Respondent records- a total of 7 pages of records received from the attorney to include but not limited to: letter from Law Office, 3.6.08

Respondent records- a total of 745 pages of records received from the carrier to include but not limited to: letters 1.24.08, 2.11.08; Request for an IRO forms; notes 12.10.07-1.24.08; Therapy notes, 12.22.05-9.12.07; Hospital notes (Dr.) 9.27.05-12.7.05; notes 1.4.06-7.28.06; PT notes, 6.22.06-9.15.06; Orthopedic 10.26.06-1.9.08; report, Dr., 2.5.07-8.6.07; letter Medical necessity; DDE 6.18.07, 1.11.08; DWC forms 69, 73; ODG referenced in letter 1.24.08

Requestor records- a total of 7 pages of records received to include but not limited to: notes Physical Medicine and Rehab 12.10.07-1.24.08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This individual is axx-year-old female who was injured when she fell down the stairs and fractured her elbow on xx/xx/xx. She was seen in the emergency room and initially the fracture was not identified. The film was reevaluated by an orthopedist in (Dr.) who found the fracture and she had emergency surgery on xx/xx/xx. The patient participated in therapy in 2006 with increasing flexion contracture. The patient was seen by in for a second opinion who concurred with Dr., her surgeon in the past and her treating physician currently that additional surgery should be done to decrease the flexion contracture in next to the elbow. This was completed on February 5, 2007 and a second surgery was also being considered. The patient was referred by Dr. ,her treating doctor, to Dr for consideration for Botox injection with documented 30 degree from full extension flexion contracture.

Also the designated doctor evaluation by Dr., M.D. indicates that MMI was provided in 11//2007 for reasons of statutory MMI that clinically this patient needed additional treatment. In particular, he indicated "I recommend Botox injections and dynamic splinting to obtain more extension. If this does not yield relief, further open flexure contraction releases should be offered to her.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

RATIONALE: In reviewing the carrier's reasons for denial, they quote literature regarding chronic epicondylitis and the use of Botox as being conflicting. The request here is not for epicondylitis, but for reduction in spasm and tone in muscle to allow range of motion and prevent a flexion contracture. This is a primary indication for Botulinum toxin type A to prevent hypertonicity in muscles. Botulinum toxin type A is used commonly as a general accepted practice and is used to treat other muscles with increased tone.

I concur with the treating physician, Dr., the second opinion physician, Dr. the DDE doctor, Dr. that the treatment with Botox is appropriate with or without additional surgery. It certainly should occur prior to additional surgery. This is the rationale for approving this. This is neither supported nor refuted in the ODG guidelines, as they refer more to epicondylitis and not flexion contractures and is supported by the evidence-based medicine literature and by common practice.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES WERE REFERENCED  
This is neither supported nor refuted in the ODG guidelines, as they refer more to epicondylitis and not flexion contractures and is supported by the evidence-based medicine literature and by common practice.
- 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)