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Notice of Independent Review Decision

DATE OF REVIEW: May 13, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PT 3 x 4 weeks: 97110 – therapeutic exercises; 97530 – therapeutic activities; 97535 – self-care/home management training; G0283 – Electrical stimulation, unattended

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 PT 3 x 4 weeks: 97110 – therapeutic exercises; 97530 – therapeutic activities; 97535 – self-care/home management training; G0283 – Electrical stimulation, unattended in dispute.

ODG guides have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who injured her right upper extremity on xx/xx/xx, while lifting 50-lb dog food bags.

In October 2004, the patient was seen by, D.O., for pain in the right elbow. Examination showed positive Tinel's at the right elbow, tenderness throughout the lateral epicondyle, and diminished grip strength on the right. Dr. assessed ulnar neuritis of the right upper extremity, prescribed Medrol Dosepak, Skelaxin, and Bextra, and released her to regular duty. She attended few sessions of occupational therapy (OT). Electromyography/nerve conduction velocity (EMG/NCV) study of right upper extremity was normal.

From December 2004 through March 2007, the patient was seen by Dr. for pain in the right elbow and tingling and numbness in the right hand. Dr. performed injections in the right elbow region x5 with complete remission of the symptoms. The patient was maintained on anti-inflammatory medications.

In February 2008, D.O., evaluated the patient for pain in the right arm and numbness in hand. He diagnosed internal derangement with ulnar nerve entrapment of the right elbow, neuropathic pain of the right upper extremity, and intractable pain; prescribed Lyrica, Celebrex, and tramadol; recommended magnetic resonance imaging (MRI) of the right elbow, EMG/NCV study of the right upper extremity, physical therapy (PT), and evaluation by an orthopedist and a pain specialist.

In a behavioral evaluation, the patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood secondary to work injury. Individual psychotherapy for six weeks was recommended. M.D., noted some decreased strength with finger abduction in the ring and small fingers on the right, slightly decreased grip strength on the right as compared to the left, and dysesthesia from the lateral aspect of the right elbow laterally into the lateral aspect of the right hand. He assessed injury to the ulnar nerve and reflex sympathetic dystrophy (RSD) of the upper limb. He recommended ulnar nerve block with pulsed radiofrequency ablation, continued tramadol and Lyrica, and recommended restricted duty.

In an initial utilization review, request for physical therapy (PT) was denied with the following rationale: *The patient was over three years from the date of injury with inadequate interval history and inadequate serial exams.*

MRI of the right elbow revealed: (1) Findings consistent with tears involving the radial collateral ligament and a conjoined tendon of the extensor compartment. (2) Involvement of the capitellum of the distal humerus with subchondral signal abnormality suggesting osteochondral injury.

Appeal for the request of PT was non-authorized with the following rationale: *The patient had an injury in xxxx and subsequently extensive medical care including physician visits, rehabilitation, and injections in 2004 and 2005. The request for yet more supervised rehab in 2008 is not supported and outside the ODG recommendations. The patient was reasonably expected to have been independent with a home exercise program (HEP) years ago.*

On April 7, 2008, a re-request for the PT sessions was denied with the following rationale: *Pursuant to the TDI Division of Worker's Compensation rules, a request for preauthorization for the same health care shall only be resubmitted when the requestor provides objective clinical documentation to support a substantial change in the employee's medical condition.*

On April 9, 2008, Dr. noted decreased range of motion (ROM) of the right elbow and tenderness in the area of the ulnar nerve and brachioradialis tendon. The patient continued to have numbness, tingling, and dysesthesias in the right hand and wrist. Dr. continued her work restrictions and recommended EMG/NCV of the right upper extremity, PT, orthopedic evaluation, and pain management

evaluation. He discontinued Lyrica, continued tramadol, and placed her on Neurontin.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. BASED ON THE MEDICAL RECORDS, THERE IS NO EVIDENCE TO SUPPORT AN ULNAR NEUROPATHY AS RELATED TO THE REPORTED INJURY AS AN EMG/NCS WAS PERFORMED AND WAS UNREMARKABLE. IN ADDITION, THERE IS NO OBJECTIVE EVIDENCE OF RSD/CRPS. THE PATIENT HAD EXTENSIVE TREATMENT IN THE PAST AND HAS BEEN MAINTAINED ON ANTI-INFLAMMATORIES AND OCCASIONAL CORTICOSTEROID INJECTION WITH “COMPLETE RESOLUTION”. ADDITIONAL SUPERVISED THERAPY IS NOT NECESSARY AS RELATED TO THE REPORTED INJURY AND IS NOT RECOMMENDED BY ODG FOR AN INJURY THAT OCCURRED ON xx/xx/xx AND THE ORIGINAL DIAGNOSES.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES