US Decisions, Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient additional physical therapy, three times a week for four weeks related to left elbow to consist of therapeutic exercises, electrical stimulation, iontophoresis, ultrasound, and manual therapy.

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 outpatient additional physical therapy, three times a week for four weeks related to left elbow to consist of therapeutic exercises, electrical stimulation, iontophoresis, ultrasound, and manual therapy is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/15/08, 4/21/08 (11/30/07, 10/31/07)
ODG Guidelines and Treatment Guidelines

Orthopedic Surgery Group, 4/8/08, 4/1/08, 3/14/08, 2/29/08, 1/18/08, 1/10/08, 12/21/07, 1/7/08, 11/20/07, 11/9/07, 10/12/07, 10/19/07, 12/12/07, 12/11/07, 11/1/07, 11/14/07, 1/8/08, 11/8/07, 11/5/07, 10/19/07, 11/12/07, 10/24/07
Prescription, 4/1/108
Letter to IRO from URA, 4/30/08
Employers First Report of Illness, xx/xx/xx
Activity Reports, 11/22/07, 12/19/07, 1/11/08, 2/5/08, 2/26/08, 3/17/08
DO, 3/6/08
MRI of Left Shoulder, 3/7/08
Notice, 11/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who originally injured her left elbow on xx/xx/xx by falling on her outstretched hand. She has had previous physical therapy treatments and still complains of pain over the lateral epicondyle at 8/10. She is also being considered for surgical intervention by her treating surgeon on 04/01/08. Hence, any treatment for the elbow is moot due to the decision for surgery.

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

Upon review of the provided medical records and relevant ODG Guidelines, this reviewer finds that the requested outpatient additional physical therapy, three times a week for four weeks related to left elbow to consist of therapeutic exercises, electrical stimulation, iontophoresis, ultrasound, and manual therapy is not medically necessary.
As far are the elbow is concerned, she was injured on xx/xx/xx , now seven months post injury. Physical therapy in this phase of treatment is not only not recognized by the ODG, but is not recognized as generally acceptable treatment at this stage. Certainly passive modalities as shown in the Peer Review literature have little or no benefit even in the acute period and have generally no benefit after the first six weeks. It is for these reasons that 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)**