



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of occupation therapy 3 times a week for 3 weeks (97110, 97033, 97035).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of occupation therapy 3 times a week for 3 weeks (97110, 97033, 97035).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Orthopedic Surgery Group and Healthcare Corp.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Orthopedic Surgery Group: Office/SOAP Notes – 1/27/09-10/20/09, Upper Extremity Flow Sheet – 9/4/09-10/8/09, Hand/Upper Extremity Eval – 7/29/09, Re-Eval – 7/29/09-10/6/09.

Records reviewed from Healthcare Corp: Orthopedic Surgery Group request for reconsideration – 10/28/09 & 11/9/09, Script for OT – 10/20/09, Re-evaluation report – 10/06/09; Denial letter – 11/3/09 & 11/17/09; Denial rationale letter – 10/30/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual injured his right elbow in xx/xx. He developed medial epicondylitis and when seen by M.D. on July 27, 2009, he was complaining of symptoms of medial epicondylitis and requesting an injection. Dr. noted that an MRI of the elbow had shown inflammation of the common flexor consistent with epicondylitis. His elbow was injected on that date.

On March 3, 2009, Dr. noted that the patient was complaining of symptoms of medial epicondylitis as well as a cubital tunnel syndrome. He recommended continuation of anti-inflammatory medications and a stretching program and ordered electrodiagnostic studies. These studies demonstrated a cubital tunnel syndrome.

On June 30, 2009, Dr. reported that the patient had failed conservative treatment which included injection, splinting, and therapy and he recommended medial epicondylar debridement and ulnar nerve decompression. This surgery was performed sometime in early July although there is no surgical record available for review.

On July 23, Dr. noted that the patient had undergone medial epicondylar debridement and ulnar nerve decompression and recommended he start therapy for stretching and range of motion. Sutures were removed from his wounds at that time.

Records reviewed included occupational therapy notes including an evaluation on July 29, 2009 and 21 therapy sessions extending from July 30, 2009 until October 13, 2009. On October 20, 2009, Dr. noted that the patient was "doing better" but still had a fair amount of soreness in the elbow. He noted that he had tried to release the injured employee to return to light duty, but none was available. Dr. recommended continuation of hand therapy three times a week for three weeks and this review is for the purpose of determining the medical necessity of occupational therapy three times a week for three weeks.

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

This individual injured his right elbow on xx/xx/xx. There are no records from the date of the injury until January 27, 2009, but subsequent medical records indicate that he had had extensive treatment over the xxxx year period between the time of injury and the evaluation by M.D. on January 27, 2009.

Treatment modalities included splinting, anti-inflammatory medications, multiple injections, and extensive physical or occupational therapy. The patient had

surgery for ulnar nerve decompression and medial epicondyle debridement in early July, 2009. Subsequent to that, he had 21 occupational therapy sessions.

The 21 occupational therapy sessions complete the postoperative treatment recommended by the Occupational Therapy Guidelines which specifically allow 12 visits over 12 weeks for post surgical treatment of medial epicondylitis and 20 visits over 10 weeks for the ulnar nerve entrapment. Since the patient had both procedures performed at the same time, the maximum allowable post surgical treatments would be 20 therapy visits over 10 weeks. This record does not indicate that there is medical necessity of occupational therapy three times a week for three weeks over and above that therapy already provided.

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)