



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/18/09

**IRO CASE #:**

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

Physical therapy 2x week x 4 weeks shoulder/elbow

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

Certified by the American Board of Orthopaedic Surgery

### **REVIEW OUTCOME**

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

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

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective		97035	Upheld
		Prospective	726.10	97140	Upheld
		Prospective	726.31	97110	Upheld

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

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Evaluations dated 12/3/08, 1/7/09

Visit notes dated 12/3/08, 12/11/08, 12/17/08, 12/19/08, 12/22/08, 12/23/08, 1/2/09, 1/7/09, 1/9/09, 1/14/09

Patient Report dated xx/xx/xx

Official Disability Guidelines cited – Physical Therapy Guidelines-Shoulder, Elbow

**Notice of Independent Review Decision**  
**Page 2**

**PATIENT CLINICAL HISTORY:**

This xx year-old claimant was injured on xx/xx/xx. The diagnosis was right medial epicondylitis and shoulder bursitis. Initial therapy evaluation dated 12/3/08, reported mild active range of motion limitations to the shoulder, wrist, and forearm, with full passive range of motion. The claimant had subjective complaints of pain at the flexor origin of the right medial forearm and over the acromion process of the right shoulder. Grip strength was limited compared to the left non-dominant hand. Muscle strength was graded 5/5 except for interosseous, which was 3/5 bilaterally. Right wrist flexion breaks, due to discomfort. The claimant has completed a course of physical therapy, with a total of 10 sessions completed as of 1/14/09. Per the 1/7/09 progress note, it was noted that the claimant no longer had all over pain to the upper extremity, the pain had improved throughout the upper extremity, and the pain had localized to the flexor group origin, palm and posterior shoulder. It was also noted that the claimant had increased tolerance for shoulder exercise and was compliant with a home exercise program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

In the Reviewer's opinion, based on the clinical information provided, the request for additional physical therapy is not indicated. Per the physician's notes, the claimant was diagnosed with sprain/strain of the wrist and medial epicondylitis, which improved with therapy. The Official Disability Guidelines support up to 10 visits for the shoulder, and up to 8 visits for medial epicondylitis. The claimant has completed 10 sessions to date, and is noted to be compliant with a home exercise program. Noting the nature of the

**References:**

injury and treatment to date, additional formal therapy is not warranted.

ODG Elbow Chapter: 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 long-term 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, Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks

**Notice of Independent Review Decision**  
**Page 3**

ODG Shoulder chapter: ODG Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks, Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks

**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

**Notice of Independent Review Decision**  
**Page 4**

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**