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DATE OF REVIEW: 03/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional sessions of work conditioning

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
10 additional sessions of work conditioning	97546, 97545		Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Notes and Op Report	Orthopedic Institute	21	07/14/2008	02/17/2009
2	Job Task Analysis	Centre of Rehabilitation Excellence	2	11/03/2008	11/03/2008
3	PT Notes		25	02/02/2009	02/25/2009
4	Initial and Appeal Denial Letters		6	02/17/2009	03/05/2009
5	IRO Request	Texas Department of Insurance	11	03/11/2009	03/11/2009
6	UR Request		4	02/12/2009	02/26/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who suffered an injury to his right elbow on xx/xx/xx. The mechanism of injury was not described. The current request is for authorization for 10 additional sessions of work conditioning. The medical records submitted to support this request begin 07/14/08. The initial evaluations and treatments are not provided. The patient was complaining of instability of the elbow and numbness of the ulnar aspect fingers of the right hand. An EMG/NCV study performed 8/14/08 was negative. An evaluation of the elbow under anesthesia and a right collateral ligament reconstruction was performed on 9/30/08. Post operatively the patient was maintained in an elbow brace for several weeks. Range of motion was reestablished and strength was brought back to a heavy lifting level of function. The request for 10 additional sessions of work hardening has been evaluated; denied; reconsidered and denied.

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

It appears that the ODG, 2009, elbow chapter recommends 24 visits of work conditioning over 16 weeks after surgical treatment for sprains and strains of the elbow. This patient has not yet completed the recommended amount of work conditioning under the circumstances of the surgical procedure performed. The prior denials should be overturned.

Physical therapy	<p>Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific physical therapy modalities by name. (Pilgian, 2000) (Handoll-Cochrane, 2003) (Boisaubert, 2004) (Boyer, 1999) (Sevier, 1999) (Foley, 1993) (Struijs, 2004) (Smidt, 2005) (Smidt, 2003) (Lund, 2006) Women and patients who report nerve symptoms are more likely to experience a poorer short-term outcome after PT management of lateral epicondylitis. Work-related onsets, repetitive keyboarding jobs, and cervical joint signs have a prognostic influence on women. (Vaugh, 2004) A recent clinical trial found that, after 12 months, the success rate for physical therapy (91%) was significantly higher than injection (69%), but only slightly higher than in the wait-and-see group (83%). (Korthals-de Bos, 2004)</p> <p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>Sprains and strains of elbow and forearm (ICD9 841):</p> <p>Medical treatment: 9 visits over 8 weeks</p> <p>Post-surgical treatment/ligament repair: 24 visits over 16 weeks</p> <p>Lateral epicondylitis/Tennis elbow (ICD9 726.32):</p> <p>Medical treatment: 8 visits over 5 weeks</p> <p>Post-surgical treatment: 12 visits over 12 weeks</p> <p>Medial epicondylitis/Golfers' elbow (ICD9 726.31):</p> <p>Medical treatment: 8 visits over 5 weeks</p>
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	<p>Post-surgical treatment: 12 visits over 12 weeks</p> <p>Enthesopathy of elbow region (ICD9 726.3):</p> <p>Medical treatment: 8 visits over 5 weeks</p> <p>Post-surgical treatment: 12 visits over 12 weeks</p> <p>Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):</p> <p>Medical treatment: 14 visits over 6 weeks</p> <p>Post-surgical treatment: 20 visits over 10 weeks</p> <p>Olecranon bursitis (ICD9 726.33):</p> <p>Medical treatment: 8 visits over 4 weeks</p> <p>Dislocation of elbow (ICD9 832):</p> <p>Stable dislocation: 6 visits over 2 weeks</p> <p>Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks</p> <p>Fracture of radius/ulna (ICD9 813):</p> <p>Post-surgical treatment: 16 visits over 8 weeks</p> <p>Fracture of humerus (ICD9 812):</p> <p>Medical treatment: 18 visits over 12 weeks</p> <p>Post-surgical treatment: 24 visits over 14 weeks</p> <p>Ill-defined fractures of upper limb (ICD9 818):</p> <p>8 visits over 10 weeks</p> <p>Arthropathy, unspecified (ICD9 716.9):</p> <p>Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks</p> <p>Rupture of biceps tendon (ICD9 727.62):</p> <p>Post-surgical treatment: 24 visits over 16 weeks</p> <p>Traumatic amputation of arm (ICD9 887):</p> <p>Post-replantation surgery: 48 visits over 26 weeks</p>
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: Elbow chapter