

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: May 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 sessions of physical therapy/occupational therapy

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

Diplomate, American Board of Orthopaedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:

The purpose of the IRO regards eight sessions of physical and occupational therapy. The medical records indicate that the patient developed right elbow pain in the scope of his employment and was subsequently diagnosed with medial and lateral epicondylitis.

The patient was referred to Dr. who performed open right lateral extensor tendon release and open right medial flexor tendon release on February 2, 2009. Physical therapy was prescribed post-operatively. Physical therapy was performed at the. The patient was treated every other day in the post-operative period.

Dr. evaluated the patient on April 9, 2009, and recommended 12 further hand therapy visits. This was declined by the carrier as exceeding ODG Guidelines. The request was amended to two times per week for four weeks which was also denied. The basis of the denial was that more than 12 sessions of therapy services have been provided to the patient.

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

It is my opinion that the request for 8 further physical therapy visits appears to be reasonable and necessary. ODG Guidelines support the need for 12 post-operative visits for either medial or lateral epicondylitis, but do not include surgeries in which both areas are treated. It makes intrinsic sense that more physical therapy would be needed for a combined surgery, and it is therefore my opinion that a total of 20 visits over 16 weeks of post surgical physical therapy is appropriate. It is unclear from the records provided to me exactly how many visits of therapy have already taken place. However, in my opinion, the additional 8 sessions of physical therapy/occupational therapy would be reasonable and medically necessary.

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)