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Notice of Independent Review Decision

DATE OF REVIEW: 05/18/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Occupational therapy two to three times a week for four weeks-left elbow

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The employee has had surgery for his left elbow epicondylitis. The procedure was performed on 02/27/09. The employee was then in a cast for four weeks.

The surgeon, Dr. recommended physical therapy after surgery. The therapist, OTR, examined the employee on 03/30/09. The employee had restricted range of motion in flexion and extension in the left elbow. The employee is a right handed male.

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

The initial therapy request was denied due to lack of indications. ***Official Disability Guidelines*** recommend physical therapy after surgery for almost any body part. In this particular case, the elbow after surgery, postsurgical treatment is indicated for twelve visits over twelve weeks.

The requested three times a week for four weeks should be approved even though it is a shorter time period than prescribed by ***Official Disability Guidelines***.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***