



## IMED, INC.

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### Notice of Independent Review Decision

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

**IRO CASE NO.:**

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

Items in dispute: (Code 97110) Therapeutic Exercises X 6 Visits  
(Code 97010) Hot or Cold Packs Therapy x 6 Visits  
(Code 97014) Electric Stimulation Therapy x 6 Visits  
(Code 97035) Ultrasound Therapy x 6 Visits  
(Code 97033) Electric Current Therapy x 6 Visits  
(Code 97140) Manual Therapy x 6 Visits

**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 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 12/30/08
2. , M.D., 12/30/08
3. , 02/25/09 thru 08/10/09
4. EMG/NCV study dated 03/12/09
5. Previous utilization review determination dated 08/04/09
6. Utilization review determination dated 08/11/09.
7. **Official Disability Guidelines**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was reported to have sustained an injury to his right elbow on xx/xx/xx. On that day, he was pushing forcefully on a pulley that became dislocated and felt a pop in his right elbow.

Records indicate that the employee was seen by Dr.     and     , D.C.

The employee was later seen by Dr.     on 04/11/08, who diagnosed the employee with lateral epicondylitis and provided a corticosteroid injection. He was later provided a tennis elbow strap and Ultram for pain. He underwent MRI of the elbow, which revealed evidence of tendonitis, a chronic possible extensor tendon tear injury, and a possible radial collateral ligament injury.

The employee was seen by a designated doctor who opined the employee was not at     .

On 02/25/09, the employee was seen by Dr.     . At that time, the employee had tenderness and pain of the right elbow. He was reported to have been seen by multiple physicians. The employee had received an injection. He continued to experience pain and tenderness in the elbow with limited flexibility, range of motion, strength, and some numbness and tingling. Upon physical examination, the employee had full range of the elbow. There was tenderness in the lateral aspect of the elbow. The employee did not have any instability and flexion was good. There was some crepitus appreciated. There was some tenderness and swelling along the radial nerve at the arcade of frohse, but the neuromuscular and motor status was otherwise intact. The remainder of the examination was negative. Radiographs revealed a rather advanced arthritic type change of the elbow. Soft tissue swelling was noted, but no other abnormality was noted. The employee was subsequently opined to have a ligamentous sprain to the elbow with a tenosynovitis with a component of entrapment of the radial nerve. The employee was referred for an EMG/NCV study. There was a recommendation for injection and physical therapy.

On 03/12/09, the employee underwent electrodiagnostic studies which indicated moderate median neuropathy at the wrist consistent with carpal tunnel syndrome.

On 03/24/09, the employee was seen by Dr.     . The employee presented for a third opinion. Upon physical examination, the employee had pain at the lateral epicondyle, pain with resisted extension of the lateral epicondyle, pain with supination, localization to the radial tunnel, and pain to resisted first finger extension over the radial tunnel as well. The elbow was clinically stable. Sensory was grossly intact. The employee had just a very slight decrease in the small portion of the radial sensory distribution. Range of motion was from 30 to 120 with minimal crepitus to supination and pronation. Radiographs revealed mild osteoarthritis at the elbow. The employee was diagnosed with lateral epicondylitis and injury to the radial nerve and was subsequently recommended to undergo operative intervention.

The employee subsequently was taken to surgery on 05/08/09 with a preoperative diagnosis of radial tunnel syndrome and lateral epicondylitis.

When seen in follow-up on 05/19/09, the employee was reported to be doing well. The deep ache in his forearm had gone away. He had nicely healed incisions with no sign of infection with improved elbow range of motion.

The employee was subsequently initiated on a physical therapy program and was reported to have done well.

On 07/28/09, the employee was advanced to light duty with a 20 pound lifting restriction.

Records indicate that the employee received twenty-three sessions of physical therapy between 05/26/09 and 07/30/09. At the initial evaluation, extension was reported to be minus 42 degrees, flexion 125, supination 55, and pronation 70. On 07/30/09, the employee's extension was reported to be minus 25, active flexion 114, supination 60, and pronation 70. Grip strength was not appreciably improved. A request was placed for additional occupational therapy two times a week for three weeks to the right arm.

On 08/04/09, the case was reviewed by Dr. . Dr. noted that the employee had received postoperative physical therapy and had good strength to wrist extension, good strength to thumb extension, and finger extension. The employee reported 60% improvement. Dr. reported that the employee had completed twenty postoperative physical therapy visits with current minimal deficits with decreased strength. He reported that the request exceeds **Official Disability Guidelines**, and that the employee may continue to perform strengthening in an at-home program. Therefore, six occupational therapy sessions were not medically necessary.

On 08/11/09, the case was reviewed by Dr. . Dr. noted that the employee had received postoperative physical therapy, noting that the employee should transition to a self-directed home exercise program. He noted the employee had received adequate physical therapy and should now be capable of this and found the request not to be medically necessary.

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

The request for (Code 97110) Therapeutic Exercises X 6 Visits, (Code 97010) Hot or Cold Packs Therapy x 6 Visits, (Code 97014) Electric Stimulation Therapy x 6 Visits, (Code 97035) Ultrasound Therapy x 6 Visits, (Code 97033) Electric Current Therapy x 6 Visits, and (Code 97140) Manual Therapy x 6 Visits to the right arm is not supported by the submitted clinical information.

The available medical records indicate that the employee initially sustained an injury to his right elbow. He received appropriate conservative care for a diagnosis of lateral epicondylitis and radial nerve injury. The employee was subsequently taken to surgery on 05/08/09. Postoperatively, the employee underwent twenty-four sessions of physical therapy. The employee was noted to have made improvement and subjectively

reported 60% improvement. However, the objective records suggest that the employee has plateaued in physical therapy and does not appear to have made any additional progress.

It is noted that current evidence-based guidelines would have supported a total of twelve visits over twelve weeks. The employee has clearly exceeded these recommendations, and the submitted documentation does not establish the medical necessity for exceeding these evidence based recommendations.

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

The 2009 *Official Disability Guidelines*, 14th Edition, The Work Loss Data Institute. Online Edition. Elbow Chapter:

#### **ODG Physical Therapy Guidelines –**

General: Up to 3 visits contingent on objective improvement documented (i.e. 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

Postsurgical treatment/ligament repair: 24 visits over 16 weeks

#### **Lateral epicondylitis/Tennis elbow (ICD9 726.32):**

Medical treatment: 8 visits over 5 weeks

Postsurgical treatment: 12 visits over 12 weeks