

SENT VIA EMAIL OR FAX ON
Dec/01/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy for the left elbow--8 visits

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

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

OD Guidelines

Denial Letters 10/11/10 and 10/29/10

Pain and Therapy 3/31/10 thru 9/29/10

Ortho & Rehab 11/14/08 thru 8/20/10

Radiology Report 8/11/09 and 12/19/08

Dr. 1/12/09

OP Report 11/10/09

Peer Review 5/28/10

Hospital 11/9/09 thru 1/6/10

Dr. 11/30/09

FCE 9/28/10

DDE 10/4/10

OP Report 5/18/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant is xx. She works at a xxxx. She reported on xx/xx/xx that she hit her left elbow on an area under her desk while talking to a customer on the phone. She has complained of left elbow pain. There was an injury to the elbow prior to this reported event. On 11/10/2009 she had a left lateral epicondylar debridement and release. She has had TENS, Estim and injections to the elbow without relief. She has been treated with Mobic and Neurontin. An EMG on 1/12/2009 is reported as having no nerve damage. On 3/3/2009 she had an examination, which shows no pain on active wrist extension against resistance with elbow in extension. There was minimal pain to deep palpation of the elbow. She is now additionally reporting pain in the right thumb. PT notes were reviewed and there has been little change in her symptoms.

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

Additional PT is not indicating or supported by the ODG guidelines. The claimant has minimal findings of a lateral epicondylitis as seen in the 3/3/2009 examination. There has been minimal change with previous PT or other conservative treatment offered. The mechanism of injury would not lead to the continued subjective complaints experienced by the claimant.

The IRO reviewer has reviewed the FCE, which shows self-limiting behavior in multiple endeavors. The IRO reviewer reviewed the DD report from Dr.. The IRO reviewer does agree that ultrasound is helpful in epicondylitis. However, in this instance according to the FCE dated 9/28/2010 her symptoms have not changed since her injury 2 years ago. The severity remains severe and the frequency is constant. There is no information indicating physical therapy is helping her. Ultrasound is a passive modality and is not indicated this long past the injury and the surgery. She is now capable of returning to work, continuing a home exercise program, and continuing with rest breaks in order to rest the area and prevent continued strain, as the ODG recommends.

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

- ACOEM-AMERICA 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)