



Notice of Independent Review Decision

**IRO REVIEWER REPORT**

**DATE OF REVIEW:** 6/9/10

**IRO CASE #:**

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

Determine the appropriateness of the previously denied request for 12 sessions (3 times per week for 4 weeks) of additional post-op physical therapy (PT) for the left lateral elbow. CPT codes: 97110 (Therapeutic exercise) and 97124 (Massage therapy).

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

Texas licensed physical medicine and rehabilitation

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for 12 sessions (3 times per week for 4 weeks) of additional post-op physical therapy (PT) for the left lateral elbow. CPT codes: 97110 (Therapeutic exercise) and 97124 (Massage therapy).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Document List/Letter dated 6/2/10.
- Texas Worker's Compensation Work Status Report dated 5/25/10, 4/20/10, 3/25/10, 2/25/10, 1/11/10, 1/5/10, 10/20/09, 10/7/09, 9/23/09, 9/16/09, 9/10/09, 9/9/09, undated.

- Work Status Report dated 5/25/10, 2/23/10, 2/9/10, 1/5/10, 10/20/09, 10/7/09, 9/23/09, 9/15/09, 9/10/09, 9/9/09.
- Therapy Referral dated 5/7/10.
- Daily Note dated 5/5/10, 5/4/10, 4/30/10, 4/26/10, 4/23/10, 4/21/10, 4/20/10, 4/16/10, 4/14/10, 4/13/10, 4/12/10, 4/9/10, 10/12/09, 10/8/09, 9/25/09, 9/23/09, 9/21/09, 9/17/09.
- Physical Therapy Evaluation Form dated 5/5/10, 4/9/10, 9/17/09.
- Patient Evaluation dated 4/22/10, 3/25/10, 3/11/10, 1/28/10, 1/11/10.
- Procedure Report dated 3/17/10.
- Pre-Anesthesia Note dated 3/17/10.
- Patient Information/Physical Examination dated 3/11/10.
- Follow-Up Note dated 2/23/10, 1/5/10, 10/20/09, 10/7/09, 9/23/09, 9/15/09, 9/10/09 9/9/09.
- Left Elbow MRI Report dated 1/20/10.
- Clinic Evaluation/Referral dated 1/12/10.
- Prescription Form dated 1/5/10, undated.
- Procedure Description dated 1/5/10.

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

**Age: Gender: Male**

**Date of Injury: xx/xx/xx**

**Mechanism of Injury: Repetitive mopping**

**Diagnosis: Left lateral epicondylitis**

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

This male sustained an injury to the left elbow on xx/xx/xx. The mechanism of injury was repetitive mopping. His diagnosis was left lateral epicondylitis. He was treated by, M.D. He was initially recommended for non-operative care, which he did receive. It was noted that he received at least six sessions of pre-operative PT. He continued to have problems in his left elbow. He had a history of hypertension and hypercholesterolemia. He was treated with at least one cortisone injection, six sessions of PT and before surgery he had a visual analog scale of at least 8. The patient did not improve with PT. His PT took place between 9/23/09 and 10/16/09. The patient had not responded to therapy (non-operative care). On 3/17/10, an MRI revealed lateral epicondylitis. He underwent surgery on 3/17/10, at Hospital. He was noted to be on light duty as well on 5/25/10, lifting up to 20 pounds. In April of 2010, there was notation of 12 visits of PT, which is the nature of the current review. It was noted on 5/5/10, that 12 of 12 visits had been completed including therapeutic exercise, at least three units. The patient was improving and the visual analog scale was 3. His PT included paraffin to his elbow. He also completed all visits and was in, "Mild pain at that time that was on May 5, 2010."

After the 12 post-operative PT visits had been completed, there was a note by Mike Torres, P.T., dated 5/5/10, that elbow flexion had increased to 140 degrees,

extension to +5 degrees and overall his pain was reduced. Then two requests were made for PT after that initial 12 visits had been completed. On 5/7/10 through 5/12/10 CPT codes 97110, 97124, 12 sessions and again on May 14, 2010, through May 21, 2010, with CPT codes 97110 and 97124. On 5/5/10, the patient had been doing well. He had been functioning with good range of motion with minimal pain. He had received six preoperative PT visits and 12 post-operative PT visits. The ODG state, "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 is recommended." In this case, the diagnosis was lateral epicondylitis. Medical treatment is recommended at 8 visits over 5 weeks and postsurgical treatment of 12 visits over 12 weeks. In this particular case, this patient received 6 visits of preoperative PT and 12 visits of postoperative PT, which were recommended. In addition to that, the patient received another 24 visits of therapy despite the fact that the he had mild pain and had been involved with an active home directed PT program. Overall, there were no outliers as to why this patient would require additional PT beyond the 18 visits that had been approved. Therefore, the previous adverse determinations that were rendered by two independent Texas License Physical Medicine and Rehabilitation Medicines Specialists are upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 8<sup>th</sup> Edition (web), 2010, Physical Therapy for Elbow.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).