



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/22/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Post-operative physical therapy 3X per week, for 2 weeks on the right arm, 97001 and 97110.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Medical records from orthopedic surgeon, M.D., from March 2010 through August 2010
2. Physical therapy summary reports, 05/12/10, 06/02/10, and 07/19/10
3. Utilization Review summary from M.D.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a male who sustained a work-related fall off a tractor trailer on xx/xx/xx. He sustained a fracture dislocation of one-half of his right radial head. He was followed by M.D., orthopedic surgeon, who performed an open reduction internal fixation of his right radial head fracture on 04/01/10. He was initially splinted in the postoperative period and initially restricted from work. Dr. continued to follow the patient postoperatively. On 06/02/10 he noted the patient's elbow range of motion was from -5 degrees to 95 degrees, and he recommended continuing physical therapy for one month. Please note that the patient had initially been prescribed physical therapy for one month on 05/06/10. The patient was seen in follow-up on 07/21/10 with range of motion of approximately 75%, and Dr. recommended continuing physical therapy. The patient was seen again on 08/11/10 with elbow range of motion of -5 degrees to 15 degrees, and Dr. recommended continued physical therapy to increase his range of motion.

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

Upon reviewing his physical therapy progress report from 07/19/10, it appears as though the patient's actual objective elbow range of motion shows much more improvement than noted in Dr.'s office notes from 08/11/10. The patient's active range of motion was from -5 degrees extension to 135 degrees of flexion, supination of 70 degrees and pronation of 80 degrees. Right elbow manual muscle testing showed his elbow extensors to be 4/5, elbow flexors 4+/5, supinators 4/5, and pronators 4+/5. His grip strength was 37 pounds on the right. All of these values showed considerable improvement compared to his original testing values, which have been documented. At the start of physical therapy, his active right elbow extension was -34 degrees, active right elbow flexion 103 degrees, active supination 50 degrees, and active pronation 52 degrees. His manual muscle testing was 3+/5 for his elbow extensors, 3+/5 for the elbow flexors, 3+/5 for elbow supinators, and 3+/5 for elbow pronators. His grip strength was two pounds.

It is clear that he has shown significant improvement and now has functional range of motion of the right elbow and functional right upper extremity strength. I agree that the patient does not need any formal outpatient physical therapy.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)