

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 07/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy x 12 visits to the right elbow

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

The TMF physician is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the physical therapy x 12 visits to the right elbow is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she was repetitively unloading boxes from a truck and scanning them with a portable scan gun. This resulted in what was documented as an overuse injury to the right elbow. The patient continues to complain of constant moderate to severe discomfort in her right elbow with activity. Documentation indicates that the patient suffered an exacerbation due to a failed home exercise program. There is a request for physical therapy x 12 visits to the right elbow.

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

There is no indication as to whether or not the injured worker received any therapy, injections or any other treatment between 01/18/11 and 05/11/11. Subsequent evaluation by the treating doctor dated 05/11/11 states that she experienced an exacerbation from increased work activity and having difficulty with her home exercise program. On this examination, the range of motion of the right elbow was normal with painful motion. The sensory was normal, deep tendon reflexes normal and some minimal weakness with positive orthopedic tests. An MRI report of the right elbow dated 05/17/11 was normal with no tendonitis or partial tendon tear or fracture or joint effusion. Based on the documentation, it is difficult to determine if the patient has had any physical therapy since her xx/xx/xx injury but it does indicate that she had 12 sessions of physical therapy for an injury dated xx/xx/xx. The examination performed on 05/11/11 revealed only minimal findings that would not support 12 physical therapy visits. In addition, the request for 7 units on each of the therapy sessions far exceeds the ODG guidelines, which normally allows only 3-4 units per session. Therefore, it is determined that the requested 12 visits of physical therapy exceeds the ODG guidelines as well as any national treatment guidelines for treatment of an overuse right elbow injury some x months after the date of the injury.

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

- 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 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)