

SENT VIA EMAIL OR FAX ON  
Mar/07/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/05/2011

**IRO CASE #:**

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

Physical Therapy 3 X wk X 4 wks Left Elbow

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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

PT Notes 10/22/10 thru 1/10/11

A Dr. 9/14/10 thru 12/13/10

12/17/10, 1/24/11

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man reportedly injured with a fall from a roof on xx/xx. The 2 notes from a Dr. discuss pending knee surgery. The therapy notes state he had a reconstruction of the left elbow with some restricted motion (lacking 20 degrees of extension and having 125 degrees of flexion compared to the right, full supination and lacking 10 degrees of pronation. There is a loss of 5 degrees each of wrist flexion, extension and 15 of ulnar deviation. The ranges of motion showed some improvement in extension from 12/3/10 to 1/10/11, the 59th therapy session. The IRO reviewer presumes these were all post surgery. There was ongoing numbness along the left ring and little fingers. The IRO reviewer does not know what and when the surgery is from these records, but a prior reviewer noted a humeral fracture and another ulnar fracture. There were no reports of additional x-rays for the status of healing or

the presence of heterotopic ossification. He had recent knee surgery.

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

There is no information of the type of procedure by the Dr.. His two notes did not comment about the elbow healing. Is there any Heterotopic ossification limiting improvement? Elbow extension generally reduces ulnar nerve stretching, but the therapist note implied it caused more problems. Was the nerve imbedded in any scar tissues? Looking at the ODG, if this person had 59 therapy sessions, were they all for the elbow or did they include treatment for the knee as well? The ODG allows up to 24 sessions after an ORIF of the elbow. Based on the limited information, this man had more than twice the allotted number of therapy sessions. Only a traumatic amputation allows for more treatment, and then it was less than the 59 he received. And 12 more were requested.

He gained 10 degrees of extension in December. It is now March and he apparently has not had further treatment. While the IRO reviewer leans to approving the additional therapies as he gained extension, the IRO reviewer has some reservations. The IRO reviewer needs additional information that was not provided. What was done at surgery? What is the ulnar nerve situation, ie scaring, transposition with surgery, etc? Were all 59 sessions for the upper extremity, and if so, why did he not progress? Without this information, the request is not medically necessary.

#### **Physical therapy**

Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific physical therapy modalities by name. ([Piligian, 2000](#)) ([Handoll-Cochrane, 2003](#)) ([Boisauvert, 2004](#)) ([Boyer, 1999](#)) ([Sevier, 1999](#)) ([Foley, 1993](#)) ([Struijs, 2004](#)) ([Smidt, 2005](#)) ([Smidt, 2003](#)) ([Lund, 2006](#)) Women and patients who report nerve symptoms are more likely to experience a poorer short-term outcome after PT management of lateral epicondylitis. Work-related onsets, repetitive keyboarding jobs, and cervical joint signs have a prognostic influence on women. ([Vaughn, 2004](#)) A recent clinical trial found that, after 12 months, the success rate for physical therapy (91%) was significantly higher than injection (69%), but only slightly higher than in the wait-and-see group (83%). ([Korthals-de Bos, 2004](#))

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

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm 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

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

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

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

#### **Medial epicondylitis/Golfers' elbow (ICD9 726.31):**

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

#### **Enthesopathy of elbow region (ICD9 726.3):**

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

#### **Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):**

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

**Olecranon bursitis (ICD9 726.33):**

Medical treatment: 8 visits over 4 weeks

**Dislocation of elbow (ICD9 832):**

Stable dislocation: 6 visits over 2 weeks

Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks

**Fracture of radius/ulna (ICD9 813):**

Post-surgical treatment: 16 visits over 8 weeks

**Fracture of humerus (ICD9 812):**

**Medical treatment: 18 visits over 12 weeks**

Post-surgical treatment: 24 visits over 14 weeks

**Ill-defined fractures of upper limb (ICD9 818):**

8 visits over 10 weeks

**Arthropathy, unspecified (ICD9 716.9):**

Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks

**Rupture of biceps tendon (ICD9 727.62):**

Post-surgical treatment: 24 visits over 16 weeks

**Traumatic amputation of arm (ICD9 887):**

Post-replantation surgery: 48 visits over 26 weeks

**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)