

Notice of Independent Review Decision

DATE OF REVIEW:

02/28/2011

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Continued physical therapy three times per week for four weeks; Twelve sessions 97002, 97014, 97035, 97110, 97124, 97140 and 97530.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

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 requested additional twelve sessions of therapy including CPT codes 97002, 97014, 97035, 97110, 97124, 97140 and 97530 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a xx with a diagnosis of lateral epicondylitis since a pulling injury on xx/xx/xx. She was referred on 02/07/2011 for an additional twelve sessions of physical therapy (PT) after having already been treated with two steroid injections and nine sessions of physical therapy. An MRI was reportedly normal and an electromyogram (EMG) was also reportedly normal. The physician examination on 01/26/2011 showed left elbow pain at the lateral epicondyle and the diagnosis was that of lateral epicondylitis (726.32) and joint pain (719.42). The recommended treatment was therapy, NSAID, and bracing. The therapy examination on 02/01/2011 showed 8/10 pain over the lateral epicondylar area and shoulder on the left. The recommendation was for therapy (twelve sessions over four weeks) due to diagnoses of muscle weakness (728.2) and joint pain (719.4).

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

The Official Disability Guideline online edition – elbow section – updated 02/21/2011 - recommends eight therapy visits over five weeks' time for a diagnosis of lateral epicondylitis (726.32). The injured individual was referred on 02/07/2011 for an additional twelve sessions of PT after having already been treated with two steroid injections and nine sessions of physical therapy. An MRI was reportedly normal and an EMG was also reportedly normal. Based on the submitted information and the Official Disability Guidelines, the request for an additional twelve visits of PT is not medically



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necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES