

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy three times a week for four weeks left elbow

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

M.D., Board Certified Orthopedic Surgeon (Joint)

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

ODG Physical Therapy Guidelines

Denial letters, 11/29/11, 12/08/11

Physical therapy evaluation 10/19/11

Dr. 09/23/10-12/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained work related injuries to her left elbow on xx/xx/xx. She was diagnosed with lateral epicondylitis for which she received conservative treatment consisting of oral medications, physical therapy, work modification, corticosteroid injections without improvement. She was declared refractory to conservative treatment and taken to surgery on 09/21/11 at which time she underwent a left elbow lateral epicondyle release. Postoperatively on 10/19/11 she was referred for physical therapy evaluation. She completed 12 sessions of physical therapy and was seen in follow-up by Dr. on 11/22/11. She is noted to have a 4 degree extension lag with 142 degrees of flexion. Motor strength is 3/5. She has been instructed in home exercise program. It was recommended that she increase active range of motion.

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

This female is status post a left lateral epicondylar release secondary to recalcitrant lateral epicondylitis. She underwent surgery on 09/21/11 and has undergone 12 sessions of postoperative physical therapy in accordance with Official Disability Guideline recommendations. The record provides no data to establish the claimant would receive significant further benefit from additional physical therapy in a supervised program. She has been instructed in daily self-directed home exercise program. The reviewer finds that Physical Therapy three times a week for four weeks left elbow is not supported as medically

necessary.

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)