

**ReviewTex, Inc.**

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Notice of Independent Review Decision

**DATE OF REVIEW:** 05/14/2012

**IRO CASE #:**

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

Occupational Therapy 2 x Wk x 8 Wks left arm, 97004, 97110, 97140

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Upheld (Agree)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Cover sheet and working documents  
Utilization review determination dated 04/06/12, 04/20/12  
Office visit note dated 06/24/11, 07/26/11, 08/09/11, 08/30/11, 09/15/11, 10/18/11, 11/01/11, 12/13/11, 02/07/12, 04/03/12  
Designated doctor evaluation dated 03/12/12  
Therapy prescription dated 12/13/11, 04/03/12  
Chart note dated 04/19/12  
Daily note dated 12/13/11, 01/24/12  
Surgical request form dated 08/09/11

MRI left elbow dated 07/06/11

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was standing on a plank when he slipped and grabbed hold with his left upper extremity to avoid falling. He was hanging about 3 feet above the ground and described having significant pain to the left elbow along the anterior aspect. MRI of the left elbow dated xx/xx/xx revealed severe partial thickness tear of the biceps tendon insertion associated with chronic partial thickness tearing of the biceps muscle near the myotendinous junction with fatty replacement of the superficial fibers of the biceps muscle; near full thickness partial tear of the radial collateral ligament with minimal if any fibers intact. The patient underwent left distal biceps tendon repair on 08/24/11. Note dated 02/07/12 states that the patient only has occasional discomfort with heavy lifting. Designated doctor evaluation dated 03/12/12 indicates that the patient has not reached MMI as he is attending a physical therapy program with continuous improvement. The patient completed 36 postoperative therapy visits. Follow up note dated 04/03/12 indicates that the patient describes having much improvement of symptoms overall at the elbow. The patient continues to work on strengthening. On physical examination left elbow flexion and extension are full symmetric bilaterally. There is full supination and pronation bilaterally. Biceps tendon is intact and nontender. Elbow flexion is 5/5 on the left. Forearm supination 4+90% on the left compared to the right without pain.

Initial request for occupational therapy 2 x wk x 8 wks was non-certified on 04/06/12 noting that ODG supports 24 visits over 16 weeks. As these guidelines have been exceeded and there is no reason why ongoing physical/occupational therapy could not be performed at home, recommend non-certification of this request. Documentation does not substantiate the request. The denial was upheld on appeal dated 04/20/12 noting that guideline recommendations have been exceeded. The patient underwent left distal biceps tendon repair on 08/24/11 and has subsequently completed 36 postoperative PT visits. However, ODG recommends up to 24 postoperative PT visits. There remains no documentation of compelling indications that would warrant additional PT visits.

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

Based on the clinical information provided, the request for occupational therapy 2 x wk x 8 wks for the left arm, 97004, 97110, 97140 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent left distal biceps tendon repair on 08/24/11 and has completed 36

postoperative therapy visits to date. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. On physical examination the patient's range of motion is full and strength is near full. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

#### **Physical therapy**

##### **ODG Elbow Chapter**

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](#)) ([Boisaubert, 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. ([Waugh, 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