

# AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** August 27, 2012

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

10 sessions work conditioning 97545 97546 to complete by 10-5-12

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 16 years of experience.

**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 medical necessity exists for each of the health care services in dispute.

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

05-02-12: Office visit note

05-03-12: MRI of the Right Elbow

05-04-12: Office visit note

05-10-12: Operative Report

05-11-12: Office visit note

05-23-12: Office visit note

06-06-12: Office visit note

06-20-12: Office visit note

07-03-12: Office visit note

07-18-12: Office visit note

07-19-12: Office note

07-19-12: Functional Capacity Assessment

07-25-12: Outpatient Therapy Prescription for Work Conditioning

07-31-12: UR

08-01-12: Office visit note

08-14-12: UR

08-15-12: Office visit note

**PATIENT CLINICAL HISTORY [SUMMARY]:**The claimant is a male who is dominantly right-handed was injured on at work when he tried to step over an

object and his heel caught. He flew forward and fell on his hands causing him to hurt his right elbow.

**05-02-12:** Office visit note dictated by. Claimant presented with pain and swelling in his right elbow; range of motion is painful. The claimant is currently taking Tramadol for pain and not currently working. Objective: Physical examination shows quite a bit of swelling of the right elbow but no skin damage. There is tenderness to almost any palpation of the right elbow. Flexion is possible to 45 degrees with an extension lag of 30 degrees. Pronation and supination is found to be painful and almost impossible. X-Ray: X-Ray obtained today shows a small fleck of bone anteriorly which is probably from the ulna. There is a faint radiodensity which may be a portion of joint surface. Plan: Advised the claimant that the elbow was dislocated and it reduced. Claimant is to discontinue splint; continue sling; and is to be referred for MRI scan of his elbow.

**05-03-12:** MRI of the Right Elbow dictated by. Impression: Prior dislocation with intraarticular displaced radial head fracture, subluxation of the ulnotrochlear joint, tear of the collateral ligaments, and there is extensive partial tearing of the common extensor tendon. The flexor tendon appears predominantly intact with only minimal partial tearing.

**05-04-12:** Office visit note dictated by. Claimant states he is doing better and his swelling is decreased. Objective: Physical examination is unchanged. Plan: The claimant is advised that indeed he dislocated the elbow and it reduced. His fracture of the radial head and tearing of the ligaments as well as tendons is discussed in detail as noted on the MRI. Suggested to have surgery on 5/10/12 for right elbow excision or repair of his radial head fracture fragment and repair of ligaments and tendons. I did mention that there might be a need for excision of the radial head either now or in the future. Emphasis has been placed on the likely loss of full motion of the elbow. The patient does understand that this is unpredictable. Risks, indications, and alternatives are discussed along with the surgery itself and postoperative course. It is necessary for the patient to have a prescription for Norco 10 mg with 30 tablets and two refills after the proposed procedure. He will be left out of the splint to allow some motion; continue with sling; encouraged to call or return with further concerns. Diagnosis: right elbow radial head fx, torn lateral ligaments, torn extensor tendon origin.

**05-10-12:** Operative report dictated by. Operation: 1. Right elbow lateral arthrotomy with excision of radial head fragments. 2. Repair of lateral collateral ligaments. 3. Repair of extensor tendon origin. Postoperative Diagnosis: Right elbow radial head fracture, torn lateral collateral ligament, torn extensor tendon origin.

**05-11-12:** Office visit note dictated by. Claimant reported no problems after surgery. Objective: Physical examination shows his wound to be benign. Swelling is minimal. The claimant can move his fingers and thumb well with good extension. Plan: Hemovac removed; wound cleansed and redressed; splint reapplied. Exercises for finger and thumb motion have been discussed. Recheck in two weeks for suture removal and to begin range of motion of the elbow.

**06-06-12:** Office visit note dictated by. Claimant reported pain in his right shoulder and is concerned that there may have been injury to the right shoulder at the same time of original injury. He has been working on home exercises. Objective: Physical examination shows claimant has recovered pronation and

supination of 45 degrees. Range of motion of the elbow is 35 degrees of extension lag and 90 degrees of flexion. Plan: Claimant advised to begin therapy; recheck in two weeks; continue home exercises. If he continues to have difficulty with his right shoulder on his next visit then consideration should be given to a work up with possible need for MRI arthrogram. It will be clarified if this is covered under his current injury.

**06-20-12:** Office visit note dictated by. A note from his therapy advises that he has a 28 degree extension lag with 118 degree flexion. The claimant is advised he is concerned about regaining his pronation and supination. Objective: Claimant has recovered pronation and supination of 45 degrees. Plan: continue therapy; recheck in two weeks; continue home exercises. Work Status: A release for work has been given with restrictions of no climbing stairs or ladders, no grasping or squeezing, no wrist flexion or extension, and no lifting more than 20 pounds. A DWC Form-073 has been filled out.

**07-18-12:** Office visit note dictated by. Claimant reported that further therapy has been refused. He is eager to continue his rehabilitation and does not feel able to resume his normal work activities. Objective: Claimant has recovered pronation and supination of 60 degrees. Range of motion of the elbow is 10 degrees of extension lag and 130 degrees of flexion. Plan: Advised to go ahead with FCE and work conditioning; recheck in two weeks; continue home exercises. Work Status: A release for work has been given with restrictions of no climbing stairs or ladders, no grasping or squeezing, no wrist flexion or extension, and no lifting more than 20 pounds. A DWC Form-073 has been filled out.

**07-19-12:** Functional Capacity Assessment dictated by. Claimant has presently returned to work on a light duty basis. He would like to return to his full duty of job requirements. Claimant presented objectively with loss of motion on the right UE (right elbow flexion 125 deg, extension is lacking 21 degrees) and 4-/5 on MMT in right elbow. He rated his pain in his right elbow at 4/10 on VAS. He reported difficulty reaching for items and changing directions. On some test items, the claimant's left UE was used more than his right UE, due to right elbow pain and weakness. While lifting some of the higher weights, his performance became unsafe due to his weakness in his right UE. HE was able to lift 80 lbs during the lift-carry, 70 lbs during the waist-to-floor and 40 lbs from waist-to-shoulder. He was able to complete overhead work, but his right upper extremity exhibited trembling at the highest elevation. Right grip strength was consistently 30 lbs weaker than left grip strength. His arms were also somewhat unsteady during the bend-reach test due to fatigue in his right upper extremity. Based on the results, the claimant is not recommended to return to full work duties at this time and doing so may result in re-injury of his surgically repaired elbow. His strength, endurance, and stamina in his right UE are not sufficient to perform the demands of his job. The claimant would not be able to regularly lift heavy weights, as is required in his line of work, with the amount of weakness in his arm. Additionally, performing the job tasks such as heavy lifting, and using power tools could result in re-injury to his elbow. I would recommend that the claimant remain on light duty while he completes a 2-week work conditioning program based on reproducing and practicing his physical job duties in the clinic in order to strengthen and build endurance in his right UE. This work conditioning would be

conducted for 3 hours/day, for 10 sessions over a 2-week period for a total of 30 hours.

**07-31-12:** UR performed by. Reason for denial: The request for 10 sessions of work conditioning is not medically necessary. The documentation submitted for review elaborates the patient complaining of ongoing right elbow pain despite a previous surgical intervention. The documentation further details the claimant having range of motion deficits ongoing at the right elbow. ODG guidelines recommend a total of 10 work conditioning sessions provided the claimant meets specific criteria. The case notes detail the claimant having completed 16 physical therapy sessions to date. However, there is a lack of information regarding the claimant's efficacy regarding the response to the previously approved therapy. Given the lack of information regarding the claimant's response to previous therapy, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

**08-14-12:** UR performed by. Reason for denial: The request for 10 sessions work conditioning is not medically necessary. The reconsideration of 10 sessions of work conditioning to be completed by 10/05/2012 is not-certified. The claimant reported to have a fractured his right radial head with impact into the distal humerus during a fall at work on 04/30/2012. He was reported to have undergone a right elbow surgery on 05/10/2012 to excise the bone fragments and repair the surrounding ligaments. The claimant is reported to have completed 16 sessions of postoperative physical therapy. There is no documentation of the claimant's response to previous physical therapy. The claimant was reported to have a loss of motion of the right upper extremity with right elbow flexion at 125 degrees and -21 degrees of extension. He was reported to have a 4-/5 manual muscle testing of the right elbow. He rated his right elbow pain as 4/10 and reported difficulty with reaching for items and changing directions. A request for work conditioning was non-certified on 07/31/2012 stating that the claimant's response to previous post-operative physical therapy was not indicated. The ODG guidelines state that work conditioning amounts to additional series of intensive physical therapy required beyond a normal course of physical therapy primarily for exercise training/supervision. The claimant is reported to have completed 16 sessions of physical therapy as indicated by previous denial. As such, the request for work conditioning cannot be established. Based on the above, the request for reconsideration of 10 sessions of work conditioning to be completed by 10/05/2012 is non-certified.

**08-15-12:** Office visit note dictated by. The claimant is adamant that he cannot resume his normal work activities without further rehabilitation. Plan: The claimant is advised to go ahead with work conditioning and appeals for approval. Recheck in two weeks and continue home exercises. Work Status: He will be kept with current restrictions.

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

Denial of work conditioning is upheld/agreed upon. Per ODG Pain and Elbow chapter, work conditioning is recommended in cases requiring supervised exercise training beyond basic PT without psychological barriers to recovery. Information submitted does show progress in ROM and strength after 16 PT visits

(with ODG Elbow chapter recommending 16 post op PT over 8 wks for radial fracture) and FCE demonstrates some continued deficits in function. However, submitted information does not provide information regarding screening for psychological barriers to recovery (i.e. depression, fear avoidance, anxiety), there is no notation of medications (whether the claimant continues opioid pain medications, for instance) and there is no notation of additional barriers (i.e. effort level, inconsistencies, and/or motivation level). Therefore, criteria for medical necessity for work conditioning as the most appropriate level of rehabilitation are not met. Based on the medical records reviewed and the documentation, the request for 10 sessions work conditioning 97545 97546 to complete by 10-5-12 is denied.

Per ODG:

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| Work conditioning | <p><i><b>ODG Work Conditioning (WC) Physical Therapy Guidelines</b></i></p> <p>WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also <a href="#">Physical therapy</a> for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.</p> <p><i>Timelines:</i> 10 visits over 4 weeks, equivalent to up to 30 hours.</p> |
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**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
- AHCP- 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)