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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 22,2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed extension: Post-Op Occupational therapy right elbow

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	OWE Claim#	IRO Decision
unk	extension: Post-Op Occupational therapy right elbow		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IR0-16 Pages

Respondent records- a total of 39 pages of records received to include but not limited to: letter 8.7.13; ODG guidelines Physical Therapy; letters 7.17.13, 7.24.13; records 5.20.13-7.3.13; record 7.10.13

Requestor records- a total of 28 pages of records received to include but not limited to: letter 8.5.13; Physicians records 2.28.13-8.5.13; Operative report 3.6.13

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained an injury to the right elbow following a fall down some steps on xx/xx/xx. The claimant was diagnosed with a right elbow dislocation and resultant right elbow radial head fracture and injury to the ulnar collateral ligament. X-ray studies were reportedly initially accomplished in an emergency department and documented an elbow dislocation that was reduced and splinted. On March 6, 2013, the injured employee underwent a right elbow open reduction and internal fixation of the radial head fracture and repair of the ulnar collateral ligament, which was performed.

On March 11, 2013, the injured employee was re-evaluated and noted to be doing well following the surgery. The splint was removed and the incision site was noted to be clean and dry. Range of motion of the right elbow was noted to be gingerly. The neurovascular status was noted to be grossly intact. The injured employee was placed in a hinged elbow brace locked from 20° of extension. Flexion of the elbow in the splint/brace was encouraged. On March 25, 2013, the elbow brace was unlocked to allow full range of motion of the elbow and physical therapy was initiated. X-ray studies were noted to show good alignment of the elbow and radial head fracture without any heterotrophic ossification.

Range of motion measurements of the right elbow on April 15, 2013, documented extension lacking 40° and flexion to 100°. Pronation was to 20° and supination was to 40°. X-ray studies were accomplished and documented some ossification in the medial collateral ligament. Treatment recommendations were for continued participation in therapy.

It was noted on May 6, 2013, that as stated by the injured employee, initiation and participation in formal physical therapy reportedly had only been for about a week.

On May 28, 2013, it was noted that eleven sessions of physical therapy had taken place between April 11, 2013, and May 28, 2013.

Range of motion measurements on June 3, 2013, documented extension lacked 35° and flexion was to 105°. Pronation of the forearm was to 40° and supination was to 50°. X-rays taken on this date were unremarkable. Splinting was prescribed. Discussion regarding a possible contracture release due to the elbow stiffness was also discussed with the injured employee.

A physical/occupational therapy note from June 26, 2013, documented the injured employee had completed 18 therapy sessions. The injured employee was also noted to have overall decreased compliance (inconsistent with a home exercise program and arriving to therapy sessions consistently late), which was felt to be contributing to slower than expected progress.

Elbow range of motion measurements on July 3, 2013, documented flexion to 95° and extension lacking 45° of full extension. Elbow supination was to 50° and pronation was to 60°.

On July 15, 2013, documented that the injured employee was now over four months out from the original injury. Elbow range of motion was noted to be essentially unchanged with 105° of flexion and loss of 35° of full extension. Pronation and supination were both to approximately 50°. The injured employee was noted to have been provided a dynamic elbow splint and treatment recommendations were to continue with the use of the elbow splint to see if range of motion of the elbow could be improved. opined that he was not confident that dynamic splinting would make a whole lot of difference due to the hard end points on the physical examination findings. A final option was for surgical treatment consisting of a capsular release, which was also discussed with the injured employee.

An initial request for additional therapy was non-certified on July 17, 2013. The injured employee was noted to have participated in 24 post-operative therapy sessions without new hard clinical indications for the need for 12 additional therapy sessions.

A reconsideration request on July 24, 2013, was also non-certified with consideration of a modified certification of six additional therapy visits.

re-evaluated the injured employee again on August 5, 2013. No changes in the right elbow symptoms or pain were reported by the injured employee at the time of the evaluation. Range of motion of the elbow documented lack of extension of 35 to 40" and flexion of the elbow to 85 or 90". Supination of the elbow was to 45" and pronation was to 35".

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division-mandated Official Disability Guidelines (Elbow chapter, updated May 7, 2013), up to ten physical therapy or occupational therapy sessions are supported over a nine week period following post-surgical treatment of an elbow dislocation. Up to 24 sessions of therapy are supported over a 16 week timeframe following surgical repair of an elbow ligament. The injured employee has already participated in approximately 24 post-operative therapy sessions without any objective gains in range of motion in the right elbow. Treatment guidelines would not support exceeding treatment guidelines without documentation of functional gain with the previously completed therapy sessions. The previous non-certifications were reviewed and based on lack of new and hard clinical evidence to support an additional twelve sessions of therapy. The treating provider has not provided any additional information that would result in an overturn of the previous determinations. Without there being documented progress in range of motion, exceeding treatment guidelines with additional formal physical therapy cannot be deemed medically indicated, especially this far out from the original injury date.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS