

Phone Number:  
(214) 717-4260

**True Resolutions Inc.**  
*An Independent Review Organization*  
500 E 4th St PMB 352  
Austin, TX 78701  
Email: [trueresolutions@irosolutions.com](mailto:trueresolutions@irosolutions.com)

**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

**Description of the service or services in dispute:**

Physical Therapy 3 x wk x 8 wks right elbow

**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)

**Patient Clinical History (Summary)**

The patient is a male whose date of injury is xx/xx/xx. The patient ruptured his biceps tendon. Note dated 01/09/14 indicates that he progressed well after surgery and regained his motion and strength of the biceps with therapy, but began developing lateral elbow pain. Assessment notes right elbow lateral epicondylitis. The patient underwent corticosteroid injection of the epicondyle on this date. The patient was also started on physical therapy. Note dated 03/11/14 indicates that these interventions helped him significantly and now he has only minor occasional pain with repetitive gripping or use of the hand or extremity. Follow up note dated 07/15/14 indicates that right elbow pain has been persistent and has progressed to involve more of the dorsal forearm. MRI of the right elbow dated 08/18/14 revealed a small joint effusion. Physical examination on 08/29/14 indicates the patient has full range of motion with maybe 2 or 3 degrees less extension in the contralateral side only. He was recommended for additional physical therapy. Initial evaluation dated 09/15/14 indicates that patient states he has had two sessions of physical therapy. On physical examination right elbow strength is 4+/5. Initial request for physical therapy 3 x wk x 8 wks right elbow was non-certified on 09/18/14 noting that the functional response to prior physical therapy was not documented. There is no significant deficit in right elbow function to justify 24 PT visits. The requested 24 PT visits are in excess of the 9 visits recommended by ODG. There is no extenuating factor seen to substantiate 24 PT visits. The denial was upheld on appeal dated 11/05/14 noting that the guidelines recommend physical therapy of 8 visits over 5 weeks for the treatment of epicondylitis. There was no documentation of the efficacy of previous physical therapy. There is a lack of evidence of significant functional deficits. There is no indication that a home exercise program would not be appropriate in this case.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient sustained injuries in xx/xxxx and subsequently has been treated with surgical intervention and physical therapy. The Official Disability Guidelines support up to 8 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The most recent physical examination submitted for review is approximately 3 months old. The patient's compliance with an active ongoing home exercise program is not documented. 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. As such, it is the opinion of the reviewer that the request for physical therapy 3 x wk x 8 wks right elbow is not recommended 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability
- Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)