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Notice of Independent Review Decision

DATE: November 5, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2xWk x 6wks Right Elbow 97110 97140 97530

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

The reviewer is certified by the American Board of Orthopaedic Surgery with over 42 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his right elbow on xx/xx/xx.

05/21/14: X-ray report of Elbow (no laterality noted). IMPRESSION: No acute disease. No lateral epicondyle fracture. ? Chronic abnormal coronoid process. Suboptimal lateral image.

05/28/14: The claimant was evaluated by a physician (illegible) for right elbow following a work-related injury. The submitted hand-written note is illegible.

07/28/14: The claimant was evaluated for right elbow pain rated 8/10. He complained of swelling, loss of motion, and flexibility. Symptoms worsened with bending, movement, fine motor, reaching overhead, reaching behind back, gripping, and lifting. Symptoms improved with ice, medications, and rest. Prior treatments were noted to be medications. On exam of the right elbow, he had tenderness at the extensor body and insertion. There was pain with elbow flexion at end range. Strength was rated at 4+/5 in shoulder flexion and abduction. Hand grip strength was 100L; 60R. Special tests listed are not clear as to what is

positive and what is unremarkable. The clinical assessment was “consistent with right lateral epicondylitis with impaired fx mobility secondary to pain, decreased flexibility, decreased ROM, decreased strength. Pt. will benefit from PT to address limitations and improve fx mobility.” Problem list: Pain, loss of motion, flexibility, swelling, weakness. Functional deficits: reaching across body, gripping, reaching behind back, lifting, carrying. Goals: Short-term: Pt tolerates 45-60 minutes of therapeutic exercise with minimal symptom exacerbation. 2-3 weeks. Pat demonstrates a good understanding of HEP and pathology. 2-3 weeks. Improved functional questionnaire score by 10-15%. 2-3 weeks. Long Term: 4-6 weeks Pt independent in all HEP activities. Patient able to resume all sport-related activities without restrictions. Patient able to perform equal and pain-free grip strength. Patient reports a DASH Functional Questionnaire score of less than 10-15% disability. PLAN: Frequency 2-3 times per week, duration 4-5 weeks. Therapeutic contents: Neuromuscular re-education, home exercise program, patient education, manual therapy. Modalities: Ergonomic training, ROM/flexibility, resistive strengthening.

07/30/14: MRI Right Elbow report. IMPRESSION: Partial tearing of the common extensor tendon. There is degenerative change within the elbow joint. Small subcortical bone cysts are seen at the coronoid process of the proximal ulnar. There is mild bone marrow edema of the coronoid without fracture visualized. This may reflect sequelae from bone contusion or reflect edema from the degenerative change.

08/20/14: The claimant attended therapy session. He was noted to be “tearful with ex and act with increasing pain with pronation/supination.” He was noted to be progressing.

08/25/14: The claimant attended therapy session. His pain level was 7/10. “Patient with improved eccentric extensor control.”

08/22/14: The claimant was evaluated for right elbow pain. He was noted to have a history of lateral right elbow pain, mild, described as aching and aggravated by lifting, relieved by rest, and associated with swelling and difficulty with sleep. Prior treatment was noted to be medication and therapy. It was noted that he had not had a significant amount of improvement. He denied numbness and tingling. His current medications included Lisinopril and ibuprofen. On exam of the right elbow, there was no swelling. Palpation: TTP Right radial tunnel and mild TTP right lateral epicondyle. NTTP along the lateral collateral ligament. FROM. 5/5 strength in all groups. No instability. Minimal pain with active resisted wrist/index/finger/middle finger extension. Negative Tinel’s at the cubital tunnel. Sensation intact. ASSESSMENT: Right forearm radial tunnel syndrome. Right elbow mild lateral epicondylitis with possible partial tearing of the common extensor. Recommend right forearm radial tunnel injection, PT with stretching exercises. He was given a right forearm radial tunnel injection in office.

09/05/14: UR. RATIONALE: As per documentation submitted, the patient’s physical examination on 07/28/14 only indicated tenderness to palpation with

painful elbow flexion. There was no documentation of this significant functional limitation. Additionally, it is noted that the patient was authorization for 8 sessions of PT for the right elbow. A treatment encounter note was documented on 08/25/14. It is unknown whether the patient completed the initial 8 sessions of PT for the right elbow. The current request for 12 sessions of PT exceeds guideline recommendations. Based on the clinical information received and the ODG, the request is noncertified.

09/16/14: The claimant was evaluated for right elbow pain. It was noted that he tolerated the previous injection well at the radial tunnel. The pain at the radial tunnel had been completely eradicated. With working, he noted increased pain at the lateral aspect of the elbow, which he was not experiencing previously as much. Otherwise, no numbness or tingling distally. Current medications included Lisinopril and ibuprofen. On exam of the right elbow, palpation: NTTP Right radial tunnel. Increase amount of TTP right lateral epicondyle as well as ECRB insertion site. NTTP along LUCL. FROM. 5/5 strength all groups. No instability. Increased amount of pain is reproducible with active resisted wrist extension. Negative Tinel's at the cubital tunnel. Sensation intact. Good capillary refill. On assessment, it was noted that his pain at the radial tunnel had been eradicated with injection. He had been experiencing more lateral epicondyle pain related to lateral epicondylitis. recommended a trial of conservative treatment with lateral epicondyle injection therapy followed by continuation of formalized PT. He was given a right elbow injection in office.

09/22/14: The claimant was evaluated. He noted feeling a little better but not 100%. He continued to complain of inability to lift and hold tools at work. His pain level was 3/10, HEP compliance good. He tolerated manual therapy and exercise well without increase in complaint of pain. He was progressing. He presented with "impaired fx mobility secondary to pain, edema, and decreased strength and endurance. Patient is needed to progress strength, flexibility, improved muscular endurance as tolerated, and decreased pain. Patient tolerance to therapy is good." PLAN: Continue 2 times per week for 3-4 weeks or as per doctor recommendations.

10/07/14: UR. RATIONALE: The documentation submitted for review indicated that the patient had completed at least 12 sessions of PT. However, in the absence of objective functional gains made throughout those PT sessions, the request for additional therapy is not supported. Additionally, given the patient was noted to have exceeded the guideline recommendations of 9 visits, exceptional factors would be needed to warrant additional therapy that exceeds the guidelines. A clear rationale as to why the patient is unable to continue with a home exercise program was not provided. Given the above, in agreement with the previous determination, the request for PT 2 xwk x 6 wks right elbow is not certified.

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

The previous adverse decisions are upheld. The records provided suggest that the claimant has already exceeded the ODG recommendations for physical therapy. For lateral epicondylitis, the ODG are for 8 visits over 5 weeks. The submitted request exceeds this limit and would not likely improve the claimant's symptoms. Therefore, the request for Physical Therapy 2xWk x 6wks Right Elbow 97110 97140 97530 is not medically necessary.
ODG:

Physical therapy	<p><i>ODG Physical Therapy Guidelines –</i></p> <p>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.</p> <p>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</p> <p>Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks Post-surgical treatment: 12 visits over 12 weeks</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
- 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)