

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

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

Physical Medicine And Rehab

Description of the service or services in dispute:

ERMI elbow extensionator rental

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. On 12/17/14, a letter of medical necessity noted the patient suffered right triceps tendon tear due to trip and fall while walking through his bus. He went to surgery for right triceps tendon repair on 11/10/14. When he was examined on 12/05/14, he was lacking flexion/extension of his right elbow. He was at 30 degrees of flexion and lacked 10 degrees of extension.

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

On 12/29/14, a utilization review notice was submitted, noting that the request for an extensionator was denied, as there was insufficient evidence to support this device, and it was considered experimental/investigational. On 01/16/15, a 2nd notice was submitted, noting that the device did not meet ODG guidelines. Official Disability Guidelines elbow chapter indicates that use of static progressive stretch therapy would include joint stiffness caused by immobilization, establish contractures with passive range of motion as restricted, or for healing soft tissue that can benefit from constant low intensity tension. Due to paucity of clinical information provided, it is the opinion of this reviewer that request is not medically necessary and the previous denials are upheld.

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 AHCPR-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)