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Date notice sent to all parties: 02/12/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four sessions of physical therapy for the right elbow to consist of therapeutic exercises and manual therapy

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

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Four sessions of physical therapy for the right elbow to consist of therapeutic exercises and manual therapy - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX examined the patient on XX/XX/XX. She had injured her right elbow at work when she was taking something off of a top shelf and struck the lateral side of her elbow while bringing it down. She reported her grip was weak and her pain rated down her arm. The right elbow was markedly tender on examination at the

lateral epicondyle and the medial side was non-tender. She was 10 degrees short of full extension and flexion was 125 degrees. She had pain with supination and pronation at 70 degrees. She had a lot of weakness of the wrist extensors. X-rays were normal. The assessment was traumatic lateral epicondylitis with severe symptoms of pain. The lateral epicondyle was injected at that time. Meloxicam, a tennis elbow strap, and therapy were prescribed. She was returned to work without restrictions. XX examined the patient on XX/XX/XX. Her pain was 6-8/10 post injection and 9/10 before. It was difficult to assess provocative tests as every muscle test, she broke free with light resistance. Twelve sessions of therapy to include therapeutic exercises, manual therapy, and modalities were recommended. XX reevaluated the patient on XX/XX/XX. She was somewhat better following the injection and therapy had not been approved. At the end of her work day, her arm felt heavy and painful. She lacked 5 degrees of full extension and had full flexion, supination, and pronation of the right elbow. She still had lateral epicondyle tenderness, but she was more comfortable. Eight to twelve sessions of therapy were recommended. XX evaluated the patient on XX/XX/XX and he recommended seven to ten visits of therapy as requested previously. The patient attended therapy on XX/XX/XX, and was then reevaluated on XX/XX/XX. She then continued in therapy on XX/XX/XX and received therapeutic exercises and manual therapy. XX followed-up with the patient on xxxxx. She was gradually getting better and was working with restrictions and wearing elbow strap. She had completed 7/12 sessions of therapy with improvement in strength and stabilization, but she still had some lateral discomfort and grip weakness. On examination, she had full range of motion of the right elbow and she had mild tenderness over the lateral epicondyle with a little bit of swelling. Strength of the forearm was 4/5. She was advised to finish therapy and work with restrictions. XX asked her to return in four weeks and noted she should be at Maximum Medical Improvement (MMI). The patient continued in therapy on XX/XX/XX, and XX/XX/XX. The treatment she received was unchanged. As of XX/XX/XX, she had attended 13/15 visits and it was noted her improvement fluctuated and was back to baseline. She had minimal follow-up with home exercises. One to three more visits of skilled therapy were recommended. The patient again received therapeutic exercises and manual therapy on XX/XX/XX. XX reexamined the patient on XX/XX/XX. She had lateral elbow pain with tightness and soreness in the right shoulder. It was noted that her therapy progress was somewhat up and down, but overall, she had made improvements. She still had weakness and she reported she still could not twist the lid off of a jar. Right shoulder flexion was 140 degrees and abduction was 130 degrees. The right elbow was tender over the epicondyle and range of motion was 0-135 degrees. She had weakness of the wrist extensors with pain over the lateral epicondyle. The assessments were chronic lateral epicondylitis of the right elbow and right shoulder girdle dysfunction, secondary to elbow problem. An MRI of the elbow was recommended and work restrictions were continued. XX ordered additional therapy that day one to two times a week for three to four weeks. On XX/XX/XX, XX provided an adverse determination notice for the requested four sessions of physical therapy for the right elbow. On

XX/XX/XX four additional visits were again requested. On XX/XX/XX, provided another adverse determination for the requested therapy for the right elbow.

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

The patient is a XX-year-old female who was reported to have sustained a work-related injury to her right elbow on XX/XX/XX. She is now over seven and a half months status post injury. The mechanism of injury was striking the lateral side of the right elbow. The most recent diagnosis appears to be chronic right lateral epicondylitis. The patient began treatment in XX/XXXX. She has had one to two steroid injections and completed at least 15 sessions of formal physical therapy. Her symptoms have waxed and waned with treatment. Therapist noted, on XX/XX/XX, that it was impossible to assess provocative testing secondary to the patient's voluntary giving-away. Her physical examination more recently has demonstrated full range of motion without deformity or evidence of neurological impairment. The original request was non-certified on XX/XX/XX on initial review. Her non-certification was upheld on reconsideration/appeal on XX/XX/XX. Both reviewers cited the criteria of the evidence based ODG as the basis of their opinions. XX subsequently spoke to XX, who provided no additional information or any objective evidence for the need for continuing physical therapy.

The evidence based ODG recommend a maximum of eight visits over five weeks for the medical treatment of lateral epicondylitis/tennis elbow. The patient has clearly exceeded these guidelines without any objective documentation of maintained improvement or function. In addition, there has been no long term resolution of symptoms plus a documented active self-directed home physical therapy program, as required by the ODG. The request clearly does not meet the criteria as outlined by the evidence based ODG as noted above. Therefore, the requested four sessions of physical therapy for the right elbow to consist of therapeutic exercises and manual therapy are not medically necessary, reasonable, related, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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)**