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**Date:** 1/8/2018 4:09:47 PM CST

**IRO CASE #:** XXXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

6 additional post operative physical therapy of the right elbow  
(S/P right elbow median nerve release)

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

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now XX-year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. The current diagnosis is documented as sprain of right elbow. The patient underwent right elbow release of median nerve on XXXX. The physical therapy daily note dated XXXX indicated that the patient continued with postsurgical pain at the medial lateral aspect of the right elbow. The patient also reported difficulty with flexibility activities as a result of range of motion deficit and inflammation. During the examination, the patient continued to demonstrate limitation of motion in the elbow. There was tenderness at the medial lateral aspect of the elbow. Elbow flexion measured 110°, with extension of -5° actively. Grip strength was measured at 4/5 on the right. During the assessment on XXXX, the patient reported some mild pain. The patient also reported feeling mild and throbbing pain from the right scapula to the right wrist. The patient's right forearm was swollen. The physical examination revealed adequate range of motion of the digits. There was mild reproducible pain upon palpation along the incision. The incision was well-healed, with no evidence of drainage or any type of erythematous border. The treatment plan was to continue with physical therapy to the right elbow and increase activities as tolerated.

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

The Official Disability Guidelines indicate that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient underwent right elbow median nerve release on XXXXX. The most recent assessment of the right upper extremity reveals mild reproducible pain upon palpation along the incision. The incision was well-healed with no evidence of drainage. There was adequate range of motion of the digits noted. A prior request for 6 additional postoperative physical therapy session was found not medically necessary due to no objective findings showing functional limitations to support additional formal physical therapy sessions. There remained a lack of objective findings confirming severe functional limitations to support additional formal physical therapy over a home exercise program.

Based on the information provided for review, the decision to deny 6 additional postoperative physical therapy sessions for the right elbow is upheld.

**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
- ☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Elbow, Physical therapy