

# Becket Systems

An Independent Review Organization

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## Review Outcome

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

Additional Physical Therapy for 12 Sessions (2 times a week for 6 weeks) for the Left Elbow

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

Board Certified Orthopedic Surgery

### **Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☐ Overturned (Disagree)
- ☒ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

XX. On XX, XX reported XX XX at work. XX reported XX XX XX XX. XX tried to brace herself with the left hand on asphalt and injured XX left elbow as well. XX was diagnosed with dislocation of the left ulnohumeral joint.

On XX, XX was evaluated by XX, MD for pain in the right ankle and left elbow joints. XX reported that the right ankle pain was improving. The pain was alleviated by heat, ice, rest and limited weightbearing. XX had swelling in the right ankle. XX had weakness, swelling, and instability at the left elbow / forearm. On examination, there was swelling in the left elbow with limited range of motion to 150 degrees to extension and 80 degrees to flexion. XX had right ankle swelling. The assessment was traumatic dislocation of the left elbow joints and sprain of the right ankle. XX restricted XX from lifting more than 5 pounds. XX instructed XX to continue physical therapy.

An x-ray of the right ankle dated XX showed old avulsion fracture. An x-ray of the left elbow dated XX showed joint spaces well-preserved and normal alignment and possible avulsion fracture caused by elbow dislocation.

Treatment to date included immobilization, medications (XX) and physical therapy (good progress).

A Physician Advisor report dated XX was completed by XX, MD indicating that the requested services of physical therapy two times a week for six weeks to the left elbow was denied. Rationale: "The claimant had completed five of six planned sessions of PT and XX symptoms have improved. There are no clinical findings provided on the examination to indicate that skilled physical therapy would be of greater benefit than an independent home exercise program. XX had minimal pain and improved motion. No fracture noted. The claimant has been afforded a reasonable course of rehabilitation therapy and XX should be educated in a home exercise program after the number of sessions attended. There are no barriers identified to the performance of home exercises. There are no extenuating circumstances that would justify additional monitored therapy in excess of Official Disability Guidelines (ODG) recommendations. Recommend non- certification for the request of PT 2 x 6 weeks for the left elbow."

A Physician Advisor report dated XX was completed by XX, MD indicating that the requested services of physical therapy two times a week for six weeks to the left elbow following a stable dislocation of the elbow was denied. Rationale: "The provided documentation indicates that six visits of physical therapy have been completed for a left elbow dislocation. There is an indication of improvement in

# Becket Systems

## ***Notice of Independent Review Decision***

Case Number: XX

Date of Notice: 07/09/18

pain and function with the initial therapy, but persistent deficits in range of motion and function. There is no indication why an additional 12 visits are necessary, nor is there an indication why transition to a home exercise program could not be completed after six supervised physical therapy visits. During the peer-to-peer process, the clinician still noted that there is still limited range of motion of the elbow and complaints of pain and lifting. The clinician stated that there has only been slight improvement with physical therapy, which is contradictory to the provided clinical notes. Based on the Official Disability Guidelines (ODG) recommendation, the requested physical therapy for the left elbow twice a week for six weeks is not medically necessary. Recommend non-certification for the request of physical therapy 2 x 6 weeks –left elbow.”

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

The ODG recommends up to six visits of physical therapy for stable dislocations of the elbow. The provided documentation reveals a history of a stable left elbow dislocation. There is evidence that five of six authorized visits of physical therapy were completed as of XX with good progress in function. In the physical therapy progress note from XX, the therapist states that the injured worker has responded well to treatment and the condition has improved but not completely resolved. There is no indication why an additional 12 visits of supervised therapy are necessary, nor is there an indication why transition to a home exercise program cannot be completed when there is documented significant progress with the initial therapy. Based on the provided documentation and ODG recommendation, the requested 12 additional visits of physical therapy for the left elbow are not medically necessary and, as such, the recommendation is to uphold the two previous denials.

### ***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
- ☐ AHRQ-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
  - Elbow
  - Physical therapy

Recommended. Limited evidence.

See also Activity restrictions; ASTYM therapy; Augmented soft tissue mobilization (ASTM); Band; Biofeedback; Brace ; Chiropractic; Cold packs; Deep transverse friction massage; Diathermy; Dynamic extensor brace; Eccentric loading; Education; Elbow padding; Electrical stimulation (E-STIM); Epicondylitis supports; Exercise; Friction massage; Functional restoration programs (FRPs); Gym memberships; Heat packs; XX; Home exercise; XX Ice packs; Immobilization (treatment); Iontophoresis; Laser treatment (LLLT); Light therapy; Magnets; Manipulation; Massage; Mobilization; Orthotic devices; Pad, elbow; Patient education; Phonophoresis; Pulsed electromagnetic field therapy; Return to work; Soft tissue mobilization; Splinting (padding); Static progressive stretch (SPS) therapy; Stretching; Supports, tennis elbow; Tennis elbow band; TENS (transcutaneous electrical neurostimulation); Transcutaneous electrical neurostimulation (TENS); Ultrasound, therapeutic; Work; Work conditioning, work hardening; Workstation modifications.

# Becket Systems

## ***Notice of Independent Review Decision***

Case Number: XX

Date of Notice: 07/09/18

1. ODG Physical Therapy Guidelines –

General: Up to 3 visits contingent on objective improvement documented (i.e., VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long-term 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.

Sprains and strains of elbow and forearm:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

Lateral epicondylitis/Tennis elbow:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Medial epicondylitis/Golfers' elbow:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Enthesopathy of elbow region:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome:

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Olecranon bursitis:

Medical treatment: 8 visits over 4 weeks

Dislocation of elbow:

Stable dislocation: 6 visits over 2 weeks

Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks

Fracture of radius/ulna:

Post-surgical treatment: 16 visits over 8 weeks

Fracture of humerus:

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

Ill-defined fractures of upper limb:

8 visits over 10 weeks

Arthropathy, unspecified:

Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks

Rupture of biceps tendon:

Post-surgical treatment: 24 visits over 16 weeks

Traumatic amputation of arm:

Post-replantation surgery: 48 visits over 26 week

- ☐ 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

### **Appeal Information**

# Becket Systems

## ***Notice of Independent Review Decision***

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You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.