

Date: 11/17/10

Initial Report

Account:

Contact:

Reference #:

Patient:

Subscriber #:

History: The patient is a 36 year old female with a two year history of bilateral triceps tendonitis and lateral epicondylitis. She originally injured herself after carrying several 5 gallon buckets of concrete to repair her basement. Her pain has not subsided since her original injury. She works as a legal assistant and carrying heavy files increases her pain. She was referred to occupational therapy by Dr. Stephen Smith.

She was evaluated by Mary Jones, OT on September 26, 2010. The patient reported pain with carrying, driving, overhead reaching, housework, and yard work. Her active range of motion in her upper extremities was found to be within normal limits but painful at the end range of elbow flexion and extension. Her grip strength was found to be well above normal for her age and sex. However, she complained of pain rated a 10 on a 0-10 scale with palpation of bilateral triceps insertions and lateral epicondyles.

The occupational therapy treatment plan involved instruction in the avoidance of painful activities, application of neoprene sleeves, a home exercise program, soft tissue mobilization, and modalities. For the first 9 sessions, the treatment included the use of iontophoresis and phonophoresis to both arms. The iontophoresis was applied to both right and left lateral epicondyles. The phonophoresis was applied to both right and left triceps insertions, at the olecranon processes. Both treatments involve the delivery of steroids and were delivered within 5 inches of each other.

The patient's subsequent treatments consisted of ultrasound, hot packs, soft tissue mobilization, and gentle stretches. As of November 6, 2010, the patient reported a pain level between 0-2 on a 0-10 scale. The patient also reported being able to carry a 28-pound bag of pet food and a 12- pound laundry basket with a minimal increase in pain. She was not independent in a home management program for her pain at this time.

Case Management Intervention:

- 10/20/10- Received referral to review occupational therapy for additional sessions.
- Established and maintained contact with the provider, discussed appropriate treatment options, and requested regular updates.
- Reviewed treatment for medical necessity and appropriate for current standards of care.

- Researched medical criteria for standards of care, appropriate use of iontophoresis and phonophoresis.
- Informed provider that providing both iontophoresis and phonophoresis is a duplication of services and will not be recommended as medically appropriate.
- Educated the provider of the proper use of cpt coding and its correlation with units of time.
- Established contact with the patient and educated her on the contraindications of delivering iontophoresis and phonophoresis on the same date to the same location. Also informed her that the therapist was still providing these treatments despite being informed that this was not recommended.
- Verified that the therapist had discontinued the use of both modalities mentioned above for future sessions.

Case Management Recommendations:

- The occupational therapy evaluation (9/26/10) and 6 additional sessions (9/29, 10/2, 10/6, 10/13, 10/16, and 10/19/10) were administratively authorized by the account.
- This writer does **not** recommend the use of both iontophoresis (code 97033) and phonophoresis (code 97035) at the same location for the following dates of service: 9/26, 9/29, 10/2, 10/6, 10/13, 10/16, 10/19, 10/23, and 10/26/10). Both modalities were used at sites within 5 inches of each other, and are not safe for duplication of steroid delivery.
- Recommend session on 11/10/10 as necessary and medically appropriate.
- Recommend 2 additional sessions at a frequency of 1 time per week between 11/11-11/25/10, with anticipatory discharge at that time.
- Will verify discharge status by 11/25/10 and will update the insurance company at that time.

Thank you for this referral. Please contact the undersigned with any questions.

P.T.
Therapy Case Manager

(Cost savings on next page.)

Date: 11/17/10

Cost Savings Report

Account:
Reference #:
Patient:
Subscriber #:
ID#/Group:
Event: Disorder of the muscle, ligament, fascia (CMT)
Date Range: 11/17/10-11/17/10

| Category | Amount | Type | Details |
|---|-------------|------------------------------|--|
| Direct | \$ 1,926.00 | Case management intervention | Cost savings reflect 9 sessions that the occupational therapist used both iontophoresis and phonophoresis to same area, and bilaterally. (After 7 sessions, the OT was notified of this limitation, but continued to treat in this fashion for 2 additional sessions.) Cost savings for 2 units of iontophoresis (code 97033 at \$65/unit)+ 2 units of phonophoresis (code 97035 at \$42/unit) times 9 sessions total. |
| Direct | \$ 388.00 | Conserved services | Cost savings reflect 2 additional sessions of outpatient occupational therapy conserved through case management intervention. Cost savings taken from charges received directly from occupational therapist: 2 units of 97035 each session (2 X \$42) plus 2 units of therapeutic exercise (97110 at \$55 each) = \$194.00/session. |
| Total Direct Amount: | | | \$ 2,314.00 |
| Direct Expenses(-): | | | \$ 0.00 |
| Admin Auth(-): | | | \$ 0.00 |
| Total direct savings for this period: | | | \$ 2,314.00 |
| Total direct savings for this event to date: | | | \$ 2,314.00 |
| Indirect Savings: | | | \$ 0.00 |
| Total indirect savings for this event to date: | | | \$ 0.00 |