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TRISTAR Risk Management

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FROM

TO

Name: Sharon Flakes

TMC

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E-mail: Sharon.Flakes@tristargroup.net

Sent: 7/1/24

at: 3:49:21 PM

7 page(s) (including cover)

Subject: RE: Yearout, Gregroy Claim #241121400

Comments:

Please review for medical necessity DME purchase.



Territory Manager:

Tara Williams

Region:

West

EMSI Fax:

1-855-430-6690

EMSI - Letter of Medical Necessity

Patient - Full Name	DOB:	Gender
Gregory Yearout	05/12/1967	Male

Physician Name:	NPI #:	Office Phone	Fax
Avant, Kristopher DO	1386633408	(405)632-4468	(405)265-0897
Physician Address:	City:	State	Zip Code
8100 S Walker Ave Bldg A	OKC	OK	73139

Treatment:	ICD10:	Injury/Onset Date:	Order Date
Flex IT ®	M79.642	01/16/2024	06/18/2024

Length of device and supplies use

12 Months

History

☒ Chronic Pain
 ☐ Nerve Supply to Muscle Intact
 ☐ Disuse Atrophy
 ☐ Other

Treatment Primary Protocol:	Treatment Time:	Treatment Frequency:
ESTIM	15-20 minutes	2-3 times per day

Conductive Garment

Flex-Gar® Glove

Garment Justification

☒ Large area/sites
 ☒ Frequent use
 ☐ Sites Inaccessible
 ☐ Skin condition
 ☐ Beneath cast

Please sign and date the items below. Maintain a signed copy for the patient's record
In accordance with accepted medical standards and within my scope of practice and prescribing authority,
the above named patient requires the device and attendant supplies for the above condition. No
substitutions permitted. If the device is purchased, I prescribe the device and supplies for indefinite use.

Signature

Signature Date


 6/28/24

Signed by:

Avant, Kristopher DO

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PTC of Kingfisher
105 N Main Street
Kingfisher, OK 73750-2730

Phone: (405) 375-5654
Fax: (405) 375-5655

PHYSICAL THERAPY

Initial Evaluation for Gregory Yearout
Case: 2024.(L)Thumb P/O.Hollingsworth.Tristar WC
Therapist: Brandon Trachman, PT, DPT, OCS

Visit Date: 05/08/24
Diagnosis: Pain in joints of left hand

Referred by: Kristopher Avant, DO
Phone: (405) 265-0165
Fax: (405) 265-0897

Subjective

Patient is a 56 y/o male who reports today with complaints of left thumb pain following following trapeziectomy performed on 3/19/24. Patient reports originally injuring his hand in a work related accident on 1/16/24. He describes falling backwards onto the left hand. Several conservative measures were taken however none were able to improve his pain symptoms. Ultimately he underwent surgical intervention. Following day after surgery he was placed in custom splint for 4 weeks and was recently D/C'ed from that and referred to physical therapy. His job does require heavy lifting and pushing/pulling heavy things up to 80lbs while at work. He currently is on a 1lb weight restriction.

	<i>Result</i>	<i>Note</i>
Onset		
Date of Onset	3/19/24	DOI 1/16/24
Onset Due To	On the job injury.	
Onset Speed	Sudden.	
Recent Symptom Trend	Improving.	

Current Symptoms

Primary Symptoms: Pain, ROM loss, gross UE weakness, poor dexterity, unable to manipulate small objects, poor grip strength.

Pain Location

Location of Wrist and Forearm Pain: L. dorsal wrist. L. volar wrist. L. radial wrist. **Location of Hand Pain:** L. thumb.

Pain Rating

Verbal Pain Rating at Present	2 - Slight Pain (1 - 3)
Verbal Pain Rating at Best	2 - Slight Pain (1 - 3)
Verbal Pain Rating at Worst	4 - Moderate Pain (4 - 6)

Activities and Positions that Aggravate Pain

Wrist and forearm pain is aggravated by: grasping. wrist extension. wrist flexion. wrist radial deviation. wrist ulnar deviation.

	<i>Result</i>	<i>Note</i>
Pain Behavior		
Pain Frequency	Constant	
Pain Quality	Throbbing.	
Pain Radiation	None	

Activities and Positions that Ease Pain

Easing Factors: Rest.

	<i>Result</i>	<i>Note</i>
General Health Questions		

Personal Health Rating: "At the present time, would you say that your health is excellent, very good, fair, or poor?" Excellent

Pre-existing Conditions: Patient denies any other pertinent medical problems. **Other Symptoms:** Patient denies any other pertinent health issues. **Complicating Factors:** None.

	<i>Result</i>	<i>Note</i>
Dominant Hand	Right	

Medical History Form Completion/Review

Medical History Form Completion: The medical history form including social history has been completed and signed by the patient, reviewed by the evaluating clinician and is on file.

Continuous Activity Tolerance

Repetitive Upper Extremity Activity: Patient is unable to tolerate repetitive hand/wrist activity at all without pain.

Prior Level of Function

Functional Mobility: Previously the patient was unrestricted in gait, transfers and bed mobility.

Functional Deficits

Primary Functional Deficit: The patient presents with gross wrist and UE weakness, loss of wrist ROM, inability to manipulate small objects, reduced dexterity and increased pain with ADLs at side and overhead.

Objective

Palpation: Tenderness

Wrist and Hand: Dorsal wrist, thumb region.

	<i>Result</i>	<i>Note</i>
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Range of Motion Screening

Shoulder ROM Screening	Normal	
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Elbow and Forearm ROM Screening	Normal	
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Wrist and Hand ROM Screening	Significantly limited.	
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Strength Screening

R. Upper Extremity Strength	Normal	
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L. Upper Extremity Strength	Abnormal.	
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<i>Left Upper Extremity</i>	<i>Left</i>	<i>Right</i>
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Wrist AROM

Forearm Pronation AROM	45 degrees	90 degrees
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Forearm Supination AROM	45 degrees	90 degrees
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Wrist Radial deviation AROM	10 degrees	20 degrees
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Wrist Ulnar deviation AROM	15 degrees	30 degrees
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Wrist Extension AROM	35 degrees	70 degrees
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Wrist Flexion AROM	35 degrees	60 degrees
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Wrist PROM

Forearm Pronation PROM	55 degrees	90 degrees
-------------------------------	------------	------------

Forearm Supination PROM	55 degrees	90 degrees
--------------------------------	------------	------------

Wrist Radial deviation PROM	15 degrees	20 degrees
------------------------------------	------------	------------

Wrist Ulnar deviation PROM	20 degrees	30 degrees
-----------------------------------	------------	------------

Wrist Extension PROM	45 degrees	70 degrees
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Wrist Flexion PROM	45 degrees	60 degrees
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Thumb CMC AROM

Palmar Abduction AROM	40 degrees	50 degrees
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Radial Abduction AROM	30 degrees	45 degrees
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Opposition AROM	1.5 cm	0 cm	1.5cm away from base of the 5th
Thumb CMC PROM			
Palmar Abduction PROM	45 degrees	45 degrees	
Radial Abduction PROM	32 degrees	48 degrees	
MCP AROM			
Thumb MCP AROM Ext/Flex	5/35 degrees	0/55 degrees	
MCP PROM			
Thumb MCP PROM Ext/Flex	5/38 degrees	0/58 degrees	
PIP AROM			
Thumb IP AROM Ext/Flex	0/55 degrees	0/75 degrees	
PIP PROM			
Thumb IP PROM Ext/Flex	0/60 degrees	0/75 degrees	
Elbow Strength Testing			
Elbow Extension Strength	4-	5	
Elbow Flexion Strength	4-	5	
Wrist Strength Testing			
Wrist Extension Strength	4-	5	
Wrist Flexion Strength	4-	5	
Forearm Pronation Strength	4-	5	
Forearm Supination Strength	4-	5	
Wrist Radial Deviation Strength	4-	5	
Wrist Ulnar Deviation Strength	4-	5	
Hand Muscle Testing			
Extensor pollicis longus strength	3 /5	5 /5	
Extensor pollicis brevis strength	3 /5	5 /5	
Flexor pollicis brevis strength	3 /5	5 /5	
Flexor pollicis longus strength	3 /5	5 /5	
Flexor digitorum profundus strength	3+ /5	5 /5	
Flexor digitorum superficialis strength	3+ /5	5 /5	
Extensor digitorum strength	3+ /5	5 /5	
Dorsal interossei strength	3+ /5	5 /5	
Grip Dynamometer			
Dynamometer Grip, Position 1	80 lbs	120 lbs	
Upper Extremity Neurovascular Screening			
Biceps Tendon Reflex (C5,6)	Normal (2+)	Normal (2+)	
Brachioradialis Tendon Reflex (C6)	Normal (2+)	Normal (2+)	
Triceps Tendon Reflex (C7)	Normal (2+)	Normal (2+)	
Sensation to Light Touch	Intact	Intact	

Goals

<i>Item</i>	<i>Current</i>	<i>Goal</i>	<i>By Date</i>
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1: L. Upper Extremity Strength	Abnormal.	Patient will improve gross impaired UE strength to at least 4+/5 in all planes tested to perform overhead reaching, pulling/pushing movement and lifting moderate heavy objects with pain not to exceed 2/10.	6/5/24
2: Quick DASH (Higher score reflects higher level of disability.)	32 %	10 or less %	6/5/24
3: Wrist and Hand ROM Screening	Significantly limited.	Patient will demonstrate wrist flexion/extension to 80 deg, radial/ulnar deviation to 30 deg to perform repetitive hand manipulation, reaching, pulling, pushing, lifting, dressing, and self care activities with pain not to exceed 2/10.	6/5/24
4: Repetitive Upper Extremity Activity	Patient is unable to tolerate repetitive hand/wrist activity at all without pain.	Patient can tolerate repetitive hand/wrist activity for 30 min. or longer.	6/5/24
5: Verbal Pain Rating at Worst	4 - Moderate Pain (4 - 6)	Patient will report decrease to 1/10 verbal numeric pain report with functional mobility, self-care activities, and home ADL's. -	6/5/24

Assessment

Musculoskeletal impairment consistent with referring diagnosis of left hand/thumb pain following trapeziectomy performed 3/19/24. Patient presents with significant limitation in both passive and active thumb ROM as well as mild wrist ROM limitation in all planes of movement. He present with associated weakness of the left wrist/forearm and significant loss of grip strength. His job requires heavy lifting and he is currently on 1lb weight restriction. The patient is unable to manipulate and grasp objects to conduct normal ADLs or leisure activities.

Assessment of Impairments

Rehabilitation Potential: Excellent.

Patient Consent

Patient Consent: The Prognosis and treatment plan have been reviewed with the patient and the patient consents to and is in agreement with the course of treatment.

Complexity and Safety

The treatment plan is too complex to be performed effectively by the patient or by a caregiver for the following reasons:: skilled manual therapy that cannot be performed safely by an untrained caregiver.

Plan

The patient will be treated with manual therapy techniques including soft tissue and joint mobilization and range of motion to increase finger/wrist/elbow flexibility and mobility; self care home management, therapeutic exercise and activities to increase elbow, wrist, and finger flexibility, strength, manipulation/dexterity; neuromuscular re-education to improve motor recruitment and proprioceptive input of the involved UE; and modalities including but not limited to moist heat, electrical stimulation, US, IONT and cryotherapy to decrease pain, inflammation, and muscle guarding. Progress will be monitored with the patient and adjusted as needed.

Hand Plan of Care

Duration: Four weeks. **Frequency:** Three times weekly.

Patient Reported Outcomes

	Result	Note
Upper Extremity Pain Outcomes Scores		
Quick DASH (Higher score reflects higher level of disability.)	32 %	

Thank you for the opportunity of working with Gregory.

As always, please feel free to call us at (405) 375-5654 if you have any questions or concerns.

Respectfully yours,

Electronically signed by:



Brandon Trachman, PT, DPT, OCS

05/12/24 11:22 am

License: 4038