



DATE OF REVIEW:

04/24/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy (PT) visits three times a week for four weeks.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Physical therapy (three times a week for four weeks) is not medically reasonable or necessary for the occupational injury of 10/17/2006.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Referral dated 04/05/07
- DWC: Notice to, LLC of Case Assignment dated 04/04/07
- DWC: Letter dated 04/04/07 from RN
- DWC: Confirmation of Receipt of a Request For a Review dated 03/27/07
- LHL009: Requests For a Review By An Independent Review Organization dated 03/27/07
- DWC: Letter dated 03/21/07 from LVN
- DWC: Letter dated 03/08/07 from LVN
- DWC: Letter dated 03/08/07 with updated Contact information from M.D.
- Orthopedics and Sports Medicine: Occupational Therapy Progress Report dated 03/02/07
- Doctor's notes dated 01/02/07 showing anatomy
- Orthopedics: Doctor's notes dated 10/20/06 through 03/27/07 from M.D.
- Medical Center History and Physical Examination dated 10/17/06 from M.D.
- Medical Center Operative Report dated 10/17/06 from M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who sustained an injury to her left upper extremity. She was vacuuming at her place of employment when she tripped and fell onto an outstretched left upper

extremity. She was evaluated by M.D. at Medical Center on that date. He found the injured individual to have a Grade I open dorsally displaced comminuted distal radius fracture, a closed distal ulna fracture, and a closed 4-part proximal humeral fracture. The injured individual was taken that day to the operating room (OR) where she underwent irrigation/debridement, application of an external fixator, and percutaneous pinning of the distal radius fracture. The proximal humeral fracture was initially treated closed with a sling. The injured individual at some later point underwent a hemiarthroplasty for the 4-part humerus fracture. She was seen by Dr. for follow-up on the following dates (11/17/2006, 12/05/2006, 01/02/2007, 02/13/2007, and 03/27/2007). The injured individual was reported during these visits to show clinical and radiographical signs of healing. Stiffness was documented to be an ongoing problem during treatment. The external fixator was eventually removed. Dr. reported on 01/02/2007 that she had decreased radial height and inclination. His examination on 03/27/2007 documented the following range of motion 30 degrees of volar flexion and 5 degrees of dorsiflexion (wrist). The shoulder showed active shoulder flexion-75 degrees, active/passive abduction-75-80 degrees, external rotation-30 degrees and internal rotation to the left sacroiliac (SI) joint. The injured individual self-reported on that visit that no progress had been made with the last sessions of therapy. There is only one note from the therapist, dated 03/02/2007. This note documents minimal objective findings of clinical improvement with the therapy program. The injured individual has been reported to have undergone thirty-three sessions of therapy since injury.

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

The evidence-based Occupational Medicine Practice Guidelines, 2nd Ed. of the American College of Occupational and Environmental Medicine (ACOEM) support an active trial of physical therapy followed by objective re-assessment and eventual transition to a home exercise program. The injured individual sustained a significant injury to her left upper extremity and required surgical intervention. She has undergone a reported thirty-three sessions of therapy with little objective evidence of sustained clinical improvement according to the medical record. The ACOEM's guidelines would expect the injured individual to be on a home exercise program at this point in the treatment plan. The injured individual self-reported on 03/27/2007 to her physician no progress with the last sessions of therapy. The ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to three visits or more per week to one or less) plus active self-directed home PT. These guidelines support sixteen visits over eight weeks for fracture of the radius and ulna and post-surgical treatment of the humerus to include twenty-four visits over fourteen weeks. The injured individual has exceeded these peer-reviewed evidence-based recommendations. Further therapy is not medically reasonable or necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:



managing care. managing claims.

88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

**ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM
KNOWLEDGEBASE**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS**

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES