



Amended August 3, 2007

REVIEWER'S REPORT

DATE OF REVIEW: 07/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve sessions of occupational therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Licensed physician in the State of Texas, D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, practicing Pain Management 20 years

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Occupational therapy progress note dated 05/17/07 was provided for review, as well as the request form for twelve additional sessions of occupation therapy and a letter of reconsideration from Dr. for reconsideration of the request. Additionally, the reports of two different physician advisers who reviewed the initial request were provided for my review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant allegedly sustained a crush injury of the left upper extremity. He underwent multiple surgeries to the left elbow and hand including amputation of the left fifth finger and surgical release of the left elbow and third and fourth left fingers. The claimant underwent at least 36 occupational therapy sessions between 01/30/07 and 05/17/07. The occupational therapy progress report dated 05/17/07 indicated the

claimant had “scattered improvement” in wrist and digit range of motion and minimal changes in pain, grip strength, and left elbow range of motion. The occupational therapist recommended twelve additional occupational therapy sessions, the request for which was submitted by Dr. The request was subsequently reviewed by two different physician advisers, both of whom recommended nonauthorization of the request based on ODG Guidelines and the lack of significant clinical improvement with occupational therapy sessions thus far.

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

The progress note of 05/17/07 from the occupational therapist clearly documents that this claimant has not made significant clinical improvements in the functional status, strength, or range of motion of his left upper extremity. The pain was said to be “persistent,” as well. The occupational therapy note further documented that the claimant was able to grasp objects with his left hand but was not able to actively open his fingers to release objects. It also documented that the claimant was unable to manipulate small objects, clothing fasteners, or utensils with his left hand, and all activities of daily living were done with the right hand. In a claimant who has completed 36 sessions of occupational therapy with minimal improvement, there is no medical reason or necessity to continue such treatment. ODG Guidelines, in fact, recommend no more than 36 physical therapy sessions for a re-implantation of an amputated portion of an upper extremity. In this case, the claimant did not suffer traumatic amputation, although an amputation of the left fifth finger was performed. There was, however, no reimplantation. Therefore, ODG Guidelines support 36 sessions of physical therapy for the most extreme of surgeries (reimplantation of an amputated portion of the limb). In this case, such an extreme treatment has not occurred so that any more than 36 sessions would be considered excessive and not supported by ODG Guidelines. Therefore, based upon ODG Guidelines that stipulate no more than 36 physical therapy sessions as being medically reason or necessity for the most extreme of surgical treatments of an upper extremity, as well as the clear documentation of minimal clinical improvement in this claimant after 36 sessions of occupational therapy, there is no medical reason or necessity for authorization of the request for twelve additional occupational therapy sessions.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-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 judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.

- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)