DATE OF REVIEW: June 11, 2007

IRO Case #:

Description of the services in dispute:

Occupational therapy CPT #97530, #97535 and #97116.

A description of the qualifications for each physician or other health care provider who reviewed the decision

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

Review Outcome

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

Upheld

Occupational therapy is not medically necessary based on the information provided.

Information provided to the IRO for review

RECORDS RECEIVED BY THE STATE:
IRO review request and associated documents 5/14/07, 8 pages
Therapy authorization requests; 4/27/07, 5/2/07, 2 pages

Outpatient facesheet, 1 page
OT updated plan of care, 4/27/07, 1 page
Physical therapy prescription 4/30/07, 1 page
Office note and addendum 4/30/07, 2 pages
Denial letter 5/21/07, 3 pages
Notification of determination 5/7/07, 3 pages

RECORDS RECEIVED FROM REQUESTOR:
Notice of case assignment 5/24/07, 1 PAGE
Notification of determination 5/7/07, 3 pages
Denial letter 5/21/07, 3 pages
Request for review, 5/14/07, 2 pages
Therapy authorization requests; 4/27/07, 5/2/07, 2 pages
Outpatient facesheet, 1 page
OT updated plan of care, 4/27/07, 1 page
Physical therapy prescription 4/30/07, 1 page
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Patient clinical history [summary]

The patient is a male with a cervical injury on xx/xx/xx. The patient apparently underwent a cervical fusion in February. Apparently the cervical symptoms have resolved. The patient has been receiving occupational therapy for hand symptoms. These apparently include numbness and edema with resultant decreased range of motion. It is also noted that the patient has decreased balance. No specific etiology noted for the hand complaints or for the balance difficulties. A diagnosis of quadriplegia, unspecified is given. There is a request for occupational therapy sessions.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

There is insufficient documentation to support the request for the occupational therapy services. There is very limited medical documentation included. There is a single physician note indicating a stable cervical fusion with no cervical complaints. This note also indicates full finger flexion on the left hand with a mild decrease in full flexion on the right. There is a single occupational updated therapy plan of care noting that there is some restriction in finger motion with goals of improvement in the range. There are no significant functional findings noted there is no indication if there are any functional limitations present.

While the document suggests that there may be additional problems other than the cervical fusion, there is no clear documentation supporting this. There is a suggestion of spinal cord involvement but this is not clearly defined. While occupational therapy may be appropriate there is inadequate documentation to support the need for therapy. The initial occupational therapy valuation is not included. There is no complete neuromuscular examination included. There is no functional evaluation and no FIM score is documented. The minor improvement in range noted in the occupational therapy goals and the mild restriction in hand range does not warrant the necessity for the requested occupational therapy. The therapy notes also suggest that therapy is needed to help with the hand numbness. There is no literature support for the efficacy of therapy in improving hand numbness.

Medical necessity for the requested occupational therapy modalities is not supported by the documentation included. ODG Guidelines do not apply given the lack of a documented medical and functional problem and diagnosis for which the occupational therapy would be appropriate. There is no necessity documented for occupational therapy as a result of the cervical fusion.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines found at:
http: //www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm#Occupationaltherapy