

Clear Resolutions Inc.

DATE OF REVIEW:

MARCH 28, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical therapy

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

The reviewer is a Board Certified who is a fellow of the American Academy of Orthopedic Surgeons, and is fellowship-trained in Sports Medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

The documents reviewed included the treating physician's operative notes, clinic notes, and the therapy progress notes from xx/xx/xx through 2/19/07, as well as the case assignment and carrier correspondence.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee sustained an injury which involved a 9 cm laceration over the ulnar aspect of the Patient's left hand including an open 5th MCP joint dislocation with disruption of the volar plate, and a 5th proximal phalynx fracture. These injuries required two surgeries so far, including an irrigation and debridement of the large open ulnar hand wound, followed by an open reduction of the 5th MCP joint dislocation with capsular repair. This was followed by another surgery on 9/29/06 involving an open reduction and internal fixation of the 5th MCP joint with a volar plate reconstruction and percutaneous pinning. Both surgeries were followed by a course of formal occupational therapy which

has been quite beneficial, despite the Patient's slow progress, given the extensive nature of the injury.

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

There is a definite medical necessity for the prolonged course of occupational therapy prescribed for this Patient.

The injury sustained by this Patient was uncommon, quite complex, and often results in prolonged recovery and persistent joint stiffness which often requires extensive post-operative occupational therapy. Not only is post-operative occupational therapy mandatory for these injuries, but the course of therapy is usually much longer than that required for lesser more common injuries. Based on the dates of service, this Patient has been in therapy for months since his surgery, and although he is progressing slowly, he is making significant progress. In fact, due to the severe nature of this injury, he may not only require more occupational therapy, but further surgery as well. Sometimes, it takes 6-12 months for these Patients to achieve maximal medical benefit from the post-operative occupational therapy regimen. Denying this Patient more therapy would be a clear detriment to his recovery and future well-being.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)