



Notice of Independent Review Decision

DATE OF REVIEW: 10/9/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for occupational therapy for radiohumeral arthritis from 8/29/07-9/29/07, 2 times per week for 4 weeks.

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

Physical Medicine and Rehabilitation and Spinal Cord Injury Medicine Physician.

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)

The previously denied request for occupational therapy for radiohumeral arthritis from 8/29/07-9/29/07, 2 times per week for 4 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax Cover Sheet dated 9/25/07.
2. Notice to dated 9/25/07.
3. Patient Information dated 9/24/07.
4. Confirmation of Receipt of a Request for a Review dated 9/24/07.
5. Request for Review by Independent Review Organization dated 9/18/07

6. Adverse Determination dated 8/7/07, 7/5/07.
7. Notice of Assignment of Independent Review Organization dated 9/25/07.
8. Operative Report dated 7/15/05.
9. Office Visit dated 9/20/04.
10. Letter/Response to the Request for IRO dated 9/28/07.
11. Integrated Treatment (unspecified date).
12. Evaluate and Treat dated 6/28/07.
13. Fax Cover Sheet dated 8/1/07, 6/29/07.
14. Discharge Summary dated 4/13/07.
15. Texas Workers' Compensation Preauthorization dated 1/28/07.
16. Patient Notes dated 8/27/07, 8/2/07, 6/28/07, 2/6/07, 6/29/06, 4/6/06, 2/27/06, 2/13/06, 2/12/05, 10/31/05, 9/19/05, 8/25/05, 8/11/05, 7/28/05, 7/21/05, 6/20/05, 6/16/05, 3/14/05, 10/7/04.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx years
Gender: Female
Date of Injury: xx/xx/xx
Mechanism of Injury: Not provided for this review.

Diagnosis: Mass right wrist; cubital tunnel syndrome right elbow.

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

This claimant is a xx year old female who had an injury 3 years ago on xx/xx/xx by an unknown mechanism of injury. The diagnostic impression included small mass right wrist and cubital tunnel syndrome of the right elbow. On 7/15/05, she had surgery, flexor synovectomy of the right wrist and anterior transposition of the ulnar nerve at the elbow. Post-operatively, she had 12 sessions of physical therapy in March and April of 2007; and it was not clear if she had performed the necessary Occupational Therapy home-hand therapy that was prescribed upon discharge. Records reflected that Dr. had injected the radiohumeral joint on 6/28/07 with 0.5% marcaine and 20mg Depo-Medrol, which provided some relief of her discomfort; also, Dr. had a discussion with a medical reviewer on 8/2/07; the reviewer did not feel that continuation of occupational therapy was justified by the most recent supporting records. The reviewer indicated that the patient probably had synovial impingement. Dr. agreed with the reviewer's opinion, and indicated that Arthritis means an irritation of the joint which responded positively to the injection of the local anesthetic. However, on 9/18/07, Dr. requested occupational therapy for her right radiohumeral arthritis, from 8/29/07-9/29/07, 2 times per week for 4 weeks. As requested, this reviewer spoke with Ms., Occupational Therapist, from Rehabilitation on 10/4/07; this reviewer pointed out to Ms. that the claimant has already received 12 sessions of occupational therapy and was discharged from therapy on 04/13/07, and her right radiohumeral joint was injected and she responded very well. Additionally, there was no documentation or substantiation that the patient had a functional hand impairment requiring further occupational therapy. The Official Disability Guidelines, Treatment

Index, 5th edition, 2006/2007, indicate that "Pain in joint treatment" is allowed for 9 visits over 8 weeks. Therefore, the Occupational Therapy for Right radiohumeral arthritis from 8/29/07-9/29/07, 2 times per week for 4 weeks, is adversely determined as not medically necessary.

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.**
Official Disability Guidelines, Treatment Index, 5th Edition (web), 2006/2007, Elbow-Physical therapy.
ODG Physical Therapy Guidelines – General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Ulnar Nerve Entrapment: Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
