

# Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 9, 2008**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Occupational therapy two times a week for four weeks, 8 Sessions, Left Arm (Codes 97112, 97140, 97110)

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

MD, Board Certified Orthopedic Surgeon

## **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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 5/2/08, 5/22/08

ODG Guidelines and Treatment Guidelines

Request for Preauthorization, 3/11/08

PT/OT Referral, 3/7/08

Request for Reconsideration, 5/13/08

Health Works, 5/12/08, 4/17/08, 3/20/08, 3/21/08, 3/20/08, 4/3/08, 4/7/08, 4/10/08, 4/11/08, 4/16/08, 4/17/08, 4/22/08, 4/24/08, 4/29/08, 5/1/08, 5/5/08, 4/17/08, 5/12/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker who fell from the second story while working and suffered multiple left elbow fractures and apparently ulnar neuropathy. He had a radial head arthroplasty and began therapy. He apparently developed necrosis of the ulna and had to have a total elbow arthroplasty. He has also had an ulnar transposition. He apparently has significant ulnar nerve dysfunction. The traumatic event was initially on xx/xx/xx with his last surgery performed on 01/30/08. He has had extensive physical therapy since the last surgical procedure.

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

This patient has had seventeen postoperative visits since his arthroplasty. The ODG Guidelines for patients who are post arthroplasty is 24 visits over an eight-week period. For ulnar nerve entrapment, ODG Guidelines recommend fourteen visits over a six-week period. For a fracture of the radius and ulna, sixteen weeks over an eight-week period are recommended. The request exceeds the recommendations provided in the guidelines. Furthermore, given that this patient is nearly five months post surgery, the reviewer believes that he is outside the window of useful opportunity for this type of rehabilitation therapy. This, combined with the fact that he has already had seventeen visits, causes the reviewer to conclude that Occupational therapy two times a week for four weeks, 8 Sessions, Left Arm (Codes 97112, 97140, 97110) is not medically necessary. The previous determinations of lack of medical necessity and noncertification are upheld.

### **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)