IRO#
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Notice of Independent Review Decision

DATE OF REVIEW: 06/23/2008 – AMENDED 06/27/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Therapeutic Activities Direct (One to One)

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

This case was reviewed by a Texas licensed MD, specializing in Preventive Medicine/Occupational Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Preventive Medicine: Occupational Medicine

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Therapeutic Activities Direct (One to One)	97140, 97530, 97110, 97035, 97033, 97032, 97039, G0283, 97139, 97034	-	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

DOI xx/xx/xx. The diagnosis provided is: left radus/ulna fracture. There is a request for 12 visits to supervised rehab. However, 9 separate CPT codes are listed as being requested. Some of those CPT codes are for passive modalities such as ultrasound, E-stim and contrast baths.

The patient initially spent time is a long-arm cast but was then later changed to a short arm cast.

On 4/25/08, the therapist noted decreased shoulder and elbow AROM. Wrist AROM was not tested since the patient was still in a short-arm cast.

Per MD note of 4/16/08, he documents that the patient's fracture is unhealed and there is no evidence of callus formation across the fracture. As of 4/30/08, the patient's fracture site was healing and it was determined that PT could start.

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

The initial reviewer noted that some rehab was indeed reasonable but the rationale for the recommendation for non-authorization was due to the fact that so many CPT codes were requested including quite a few for passive modalities. The initial reviewer was not able to reach the requesting provided in an attempt to address this issue. The appeal-level reviewer faced the same problem and was not able to reach the requesting provider for the peer to peer conversation.

The request for 12 rehab visits was reasonable, but only the following CPT codes would have been recommended: 97110, 97140, and 97530 - one unit each per visit. Also a PT/OT re-evaluation after 12 rehab visits would be reasonable. The CPT codes for the passive modalities would not have been recommended due to a lack of proven medical efficacy and the recommendation by ODG to focus on active, rather than passive, rehabilitation.

Thus, I recommend upholding the initial and appeal level decisions for non-authorization of the request.

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

ODG-TWC hand/wrist chapter -

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Fracture of carpal bone (wrist) (ICD9 814):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand) (ICD9 815):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of one or more phalanges of hand (fingers) (ICD9 816):

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

Fracture of radius/ulna (forearm) (ICD9 813):

Post-surgical treatment: 16 visits over 8 weeks

Generally there should be no more than 4 modalities/procedural units in total per visit, allowing the PT visit to focus on those treatments where there is evidence of functional improvement, and limiting the total length of each PT visit to 45-60 minutes unless additional circumstances exist requiring extended length of treatment. Treatment times per session may vary based upon the patient's medical presentation but typically may be 45-60 minutes in order to provide full, optimal care to the patient. Additional time may be required for the more complex and slow to respond patients. While an average of 3 or 4 modalities/ procedural units per

visit reflect the typical number of units, this is not intended to limit or cap the number of units that are medically necessary for a particular patient, but documentation should support an average greater than 4 units per visit. These additional units should be reviewed for medical necessity, and authorized if determined to be medically appropriate for the individual injured worker.