

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 11/10/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Occupational Therapy 3 x 4 weeks.

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

REVIEW OUTCOME:

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

- | | |
|-----------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. Occupational Therapy 3 x 4 weeks. Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male injured employee who presents with right shoulder bursitis and status post fracture of the humerus. He was injured on xx/xx/xx and was treated with open reduction internal fixation of the right proximal humerus.

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

The documentation for this claim has been reviewed. The injured worker has had 25 visits of therapy after operative stabilization for a fractured humerus. The ODG supports 24 visits after an ORIF of the humerus and this injured worker has already completed these visits. The occupational therapy notes indicate the injured worker is motivated and thus should be able to complete a home exercise program on his own to reach goals and improve ROM. The injured worker should be familiar with exercises after 25 sessions of occupational therapy. The last therapy note was from 9/29/2008 and indicated ROM as follows: FF=116, ABD=97; ER=38; IR=52. MMT ABD=3plus/5, IR/ER=4/5. On 6/16, ABD=20, flexion=30.

The injured worker has made progress and should be able to be independent as he still needs more ROM and strength, especially ABD. Therefore, in accordance with the ODG, the previous denial is 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

- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Hodgson S. Proximal humerus fracture rehabilitation. Clin Orthop Relat Res. 2006 Jan;442:131-8. Links
Sheffield Hallam University, Sheffield, United Kingdom.

Bertoft ES, Lundh I, Ringqvist I. Physiotherapy after fracture of the proximal end of the humerus. Comparison
between two methods. Scand J Rehabil Med. 1984;16(1):11-6.