



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 12/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighteen physical therapy visits

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
813.44	97004		Prosp.						Upheld
733.92	97010		Prosp.						Upheld
	97018		Prosp.						Upheld
	97018		Prosp.						Upheld
	97035		Prosp.						Upheld
	97110		Prosp.						Upheld
	97140		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

- TDI case assignment
- Letters of denial, 11/05/09 and 11/17/09 including criteria used in the denial
- Orthopedic evaluations and followup, 09/02/09, 09/16/09, 09/30/09, 10/14/09, and 11/04/09
- Occupational therapy initial evaluation, 10/02/09
- Occupational therapy visits, 10/15/09 through 10/30/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered a work-related injury of the distal radius, suffering a fracture of the distal radius. She was left with chronic ulnar carpal impaction syndrome and underwent an ulnar shortening osteotomy. She was sent to postoperative physical therapy and received about eight occupational therapy visits. The treating surgeon has requested eighteen more physical therapy visits to work on extension and supination. These have been denied by the insurance company.

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

Review of the medical records from the treating surgeon's physical therapy notes a mild deficit in supination and extension. They document continued deficits, and I believe that continued physical therapy would be appropriate for this patient. However, I believe that eighteen physical therapy visits would be excessive for this patient. Therefore, the request for eighteen visits is not medically reasonable and necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)