

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 Occupational Therapy Visits with Re-Evaluation

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

M.D., Board Certified Orthopedic Surgeon
American Academy of Pain Management

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 10/23/09, 9/28/09, 9/25/09
Dr. M.D., F.A.C.S., 10/14/09, 9/16/09, 7/22/09, 6/17/09
Operative Procedure Note, 6/2/09
Letter from Dr. 10/14/09
Institute, 8/20/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who sustained a comminuted fracture of the distal radius and proximal ulna. This was treated with open reduction internal fixation and then an external fixator. The ORIF was on 06/2/09 and the fixator application on 05/28/09 along with the ORIF of the proximal ulna fracture. She has had twelve physical therapy sessions, and based upon the physician's progress notes, she has worsened with the physical therapy rather than improving. The records indicate the patient lacks significant bony supination as well as some loss of function of her fingers. The request is for further occupational therapy treatment, eighteen visits with re-evaluation.

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

Based upon the lack of progress, in fact, documented deterioration with the treatment this patient has been receiving thus far, there appears to be no indication for further OT treatment. The ODG allows 16 visits for this type of injury, and the patient has already had 12 visits with negative effects. There is no explanation in the records as to why an additional 18 visits would be beneficial, and no explanation of why the ODG should not be followed in this patient's particular case. The reviewer finds that medical necessity does not exist for 18 Occupational Therapy Visits with Re-Evaluation.

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

ACOEM-AMERICA 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)