

Notice of Independent Review Decision

DATE OF REVIEW: 10/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional occupational therapy 2 X 4 (8)

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

The TMF physician reviewer is board certified in family practice with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the additional occupational therapy 2 X 4 (8) is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/05/09
- Texas Outpatient Non-Authorization letter – 09/04/09
- Texas Outpatient Reconsideration Decision letter – 09/18/09
- Payor notes – 06/04/09 to 09/18/09
- Patient notes from Medical Center – 06/03/09, 07/07/09
- Hand/Wrist Initial Evaluation by Medical Center – 06/03/09
- Occupational Therapy Goal Sheet – not dated
- Physical Therapy Initial Evaluation – 06/03/09
- Internal referral for physical/occupational therapy by Dr. – 05/20/09, 09/03/09
- Hand/Wrist Re-evaluation by Medical Center – 07/06/09, 08/10/09
- Request for additional occupational therapy - 08/18/09
- Occupational Therapy progress notes – 09/03/09
- Reconsideration letter from Dr. – 09/11/09
- Report of medical evaluation by Dr. – 04/13/09
- Review of Medical History & Physical Exam by Dr. – 08/13/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was hit by a cart in the hallway. She tripped and fell while hitting the door with her left arm and left wrist. She fell down on both knees and she also hurt her chest while suddenly pulling her arm in while falling. The patient has been diagnosed with left shoulder strain, left wrist strain, bilateral knee pain, chest pain and possible left triangular cartilage complex tear. She has been treated with both occupational and physical therapy and the treating physician is recommending additional occupational therapy.

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

The patient sustained injury on xx/xx/xx and subsequently underwent extensive physical and occupational therapy including at least 8 on-site sessions and an additional 2 sessions to develop a home treatment regime. The MMI letter written on 08/13/09 revealed that the patient had not reached maximum medical improvement but was anticipated to achieve it by 10/13/09. It is anticipated that she would continue a home exercise rehab program. While further treatment is indicated, this should be accomplished with a home self treatment program.

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)**