

Notice of Independent Review Decision

**DATE OF REVIEW:** 09/27/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Carrier's denial of twelve additional sessions of occupational therapy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Physical Medicine and Rehabilitation and member of North American Spine Society

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial, 8/14/09 and 08/06/09
3. Physician Adviser Report, 08/14/09
4. Initial occupational therapy evaluation summary and treatment plan, 05/13/09 and followup visits, 07/13/09 and 08/12/09

<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>
344.04	97110		Prosp.						Upheld

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This injured employee is a male who was injured while at work . This patient's injury required multiple back surgeries, and the patient has a history of a C5 motor level incomplete spinal cord injury, tetraplegia. More recently the patient underwent Botox injections to his shoulder adductors and his bilateral finger flexors as well as thumb flexors and \_\_\_\_\_. The patient then underwent six therapy sessions. The aforementioned request is for twelve more occupational therapy sessions.

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

After careful review of the injured employee's clinical history and the medical records provided to me, the patient does not meet approved guidelines for continuation of therapy. On review of the patient's therapy progress notes, he appears to have adequate assistance from a caregiver and the where-with-all to improve with such a home-based program. Considering this injured employee's date of injury and his long history of procedures, as well as his history of physical therapy and occupational therapy and overall improvement considering his spinal cord injury level, the patient should be able to improve with the assistance of a caregiver and durable medical equipment in the home environment

When one does reference Dr. test and spinal cord injury care guidelines including the American Spinal Cord Injury Association Guidelines regarding spasticity in shoulder pain treatment as well as physical therapy thereof, this patient has had a reasonable amount of therapy for maximum functional improvement.

**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 (Randall Braddom's Textbook for Physical Medicine and Rehabilitation and American Spinal Injury Association Guidelines)