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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 11, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medical necessity of proposed occupational therapy 3X4 (97110, 97140)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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

XX Upheld (Agree)
☐Overturned (Disagree)
☐Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.10	97110		Prosp	12					Upheld
840.0	97140		Prosp	12					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 18 pages of records received from Unimed to include but not limited to: Orthopedic records 6.15.10-6.18.10; TDI letter 7.22.10; PHMO Notice of an IRO assignment

Requestor records- a total of 88 pages of records received to include but not limited to: TDI letter 7.22.10; Orthopedic records 12.15.09-7.13.10; MRI Rt shoulder 6.10.10 ECG report

PATIENT CLINICAL HISTORY [SUMMARY]:
The medical records presented begin with a letter of non-certification for additional occupational therapy. The injured employee was noted to have fallen and sustained a fracture dislocation of the clavicle. This was surgically treated and 18 session of physical therapy had been completed.

The request was for an additional 12 sessions. A re-consideration was submitted and this was not certified as well.

The medical records presented begin with the March 25, 2010 occupational therapy assessment . The AC joint sprain and clavicle fracture are noted as was the date of injury (xx/xx/xx) and the date of surgery January 7, 2010. Shoulder range of motion was in the moderate range. Post-operative rehabilitation was started. Multiple modalities and multiple sessions are noted.

Follow-up radiographs noted the clavicle to be healing. By mid-April, the primary treating physician noted the range of motion to be nearly full. The fracture continued to heal, there were ongoing complaints of shoulder pain and an MRI was ordered to evaluate any intra-articular lesions. This MRI noted ordinary disease of life degenerative change, tendinosis and no atrophy of the rotator cuff. AC joint arthritis was identified as well.

The shoulder complaints continued, the physical examination noted an intact neurovascular status and "good mobility." In July 2010, the primary treating physician cleared for a return to work with restrictions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:
As noted in the Division mandated Official Disability Guidelines Shoulder chapter (updated July 2010) the allowances are:

ODG Physical Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.
Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):
Medical treatment: 10 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroscopic: 24 visits over 14 weeks
Post-surgical treatment, open: 30 visits over 18 weeks
Complete rupture of rotator cuff (ICD9 727.61; 727.6)
Post-surgical treatment: 40 visits over 16 weeks
Adhesive capsulitis (IC9 726.0):
Medical treatment: 16 visits over 8 weeks
Post-surgical treatment: 24 visits over 14 weeks
Dislocation of shoulder (ICD9 831):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment (Bankart): 24 visits over 14 weeks
Acromioclavicular joint dislocation (ICD9 831.04):
AC separation, type III+: 8 visits over 8 weeks
Sprained shoulder; rotator cuff (ICD9 840; 840.4):
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks
Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9)
Medical treatment: 9 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks
Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):
Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks
Fracture of clavicle (ICD9 810):
8 visits over 10 weeks

However, in this case, this was not an open shoulder; this was a clavicle fracture repair. Given the range of motion noted by the treating surgeon and the range of motion reported by the OT, tempered by the clearance to return to work and that there is no clinical indication that the fracture has not healed, there is no basis to continue formal occupational therapy at this time. Given the number of sessions completed and the physical examination reported, this request is not clinically indicated.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES