

SENT VIA EMAIL OR FAX ON  
Aug/18/2010

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/17/2010

**IRO CASE #:**

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

Outpatient Physical Therapy (PT) X 12 sessions, consisting of therapeutic exercise, manual therapy and neuromuscular re-education as related to the left wrist for no more than 4 units per session.

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

Board Certified Orthopedic Surgeon

**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**

OD Guidelines

Dr. OV 05/05/10, 05/19/10, 06/18/10

Dr. OV

Peer Reviews 06/29/10, 07/22/10

Physical Therapy records 06/03/10 to 06/24/10

X-ray left wrist 05/01/10

X-ray cervical spine 05/01/10

X-ray lumbar spine 05/01/10

MRI left wrist 05/14/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female who was reportedly involved in a Motor Vehicle Accident on xx/xx/xx, which resulted in neck, back and left wrist pain. Initial left wrist x-rays were reported as normal and the claimant was diagnosed with a left wrist sprain. A left wrist MRI followed on 05/14/10, which was normal. Conservative treatment included immobilization in a splint and physical therapy. Physical therapy records 06/03/10 to 06/24/10 revealed the claimant had attended nine sessions of therapy and demonstrated fair progress towards goals. Follow up physician records of 07/16/10 noted the claimant with complaints of left wrist pain with tenderness over the wrist on examination. Additional physical therapy was requested. An evaluation dated 07/16/10 noted that the claimant had reached maximum medical improvement on 07/16/10 with a zero percent whole person impairment rating.

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

Based on review of the records provided, evidence-based medicine, there is nothing to support the medical necessity of additional physical therapy to the left wrist. It appears the claimant had been found to be at maximal medical improvement with resolved left wrist sprain. An MRI was negative, and treatment with splint therapy has been accomplished. Evaluation by Dr., occupational medicine, on 07/16/10 noted maximum medical improvement with zero percent whole person impairment. At that time she was reporting left wrist pain, but the exam showed no tenderness, and normal range of motion. It was felt that the left wrist sprain had resolved.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Forearm , Wrist and Hand : Physical/ Occupational therapy

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved.

Sprains and strains of elbow and forearm (ICD9 841):

Medical treatment: 9 visits over 8 weeks

**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)