SENT VIA EMAIL OR FAX ON
Aug/05/2010

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Occupational Therapy (OT) and Physical Therapy (PT) for congenital hypotonia.

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Rehab 1/8/09 thru 3/10/10
4/2/10 and 3/18/10

PATIENT CLINICAL HISTORY SUMMARY
There are no notes from any physician. Apparently this child has congenital hypotonia. The child was followed from 9/09 to 3/10 by PT and OT (age). She has impaired coordination, swallowing, proprioception, and cognition. She was described as having emerging skills and grasp at the end of the treatment. She sits in a supported manual wheelchair.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The information provided described the functional level present. Generally, hypotonia is a symptom. The information provided did not differentiate the underlying etiology of the congenital hypotonia. It would be useful to gain insight from the physician if the underlying problem was identified. The term “Benign” is used, but the condition is not truly benign. The Boston Children’s Hospital (Harvard) does not support the therapies. Both the NIH and the English NHS recommend treatment with therapies. The therapists describe some slight gains, but are they functional? The NHS describes the OT as being important for ADL tasks that have not been reached at her age of. The PT indication is for support. Again, the IRO did not see any significant improvement per the PT report along these goals. Without the physician identifying realistic goals, the request is not medically necessary.

References
No specific therapy is required to treat benign congenital hypotonia, but children with this problem may periodically need treatment for common occurrences associated with hypotonia, such as recurrent joint dislocations. See Dislocations.
Treatment programs to help increase muscle strength and sensory stimulation programs are developed once the cause of your child's hypotonia is established. Such programs usually involves physical therapy through an early intervention or school-based program among other forms of therapy.
http://www.childrenshospital.org/az/Site1106/mainpageS1106P0.html

For most hypotonics, the National Institute of Health recommends "physical therapy [to] improve motor control and overall body strength. Occupational therapy to assist with fine motor skill development and hand control, and speech-language therapy can help breathing, speech, and swallowing difficulties. Therapy for infants and young children may also include sensory stimulation programs." Ankle/foot orthoses are sometimes used for weak ankle muscles. Toddlers and children with speech difficulties may benefit greatly by using sign language.
http://en.wikipedia.org/wiki/Hypotonia

Treatment begins with a thorough diagnostic evaluation, including an assessment of motor and sensory skills, balance and coordination, mental status, reflexes, and functioning of the nerves. Diagnostic tests such as a CT scan of the brain, an EMG to evaluate nerve and muscle function, or an EEG to measure electrical activity in the brain may also be necessary. Once a diagnosis has been made, the underlying condition is treated first, followed by symptomatic and supportive therapy for the hypotonia. **Physical therapy can improve fine motor control and overall body strength. Occupational and speech-language therapy can help breathing, speech, and swallowing difficulties.** Therapy for infants and young children may also include sensory stimulation programs.
http://www.ninds.nih.gov/disorders/hypotonia/hypotonia.htm

Treating hypotonia

Occupational therapy

The recommended treatment plan for hypotonia will depend on the underlying cause. If the underlying cause is treatable, such as an infection, the healthcare professional will focus on treating that first.
If the underlying cause is untreatable, then the two main treatments that used for hypotonia are:

- physiotherapy, and
- occupational therapy.

Physiotherapy

Physiotherapy has two important goals:

- to improve the posture and coordination in order to compensate for low muscle tone, and
- to strengthen the muscles around the joints of the arms and legs in order to allow them to provide more support and stability for the arms and legs.

Physiotherapy usually involves attending a session with a physiotherapist every month who will then ask you or your child to carry out a series of exercises and tasks.

The physiotherapist will also teach you (or your child) a range of exercises that can be carried out on a daily basis.

Occupational therapy

Occupational therapy aims to teach you new skills in order to help you with day-to-day activities.
The therapist will focus on improving the skills that are needed to carry out tasks requiring a degree of manual dexterity, such as getting dressed, writing, or using a computer.
As with physiotherapy, you will be asked to attend regular occupational therapy sessions, and you will receive training so that you can carry out exercises and tasks on a daily basis.
http://www.nhs.uk/Conditions/hypotonia/Pages/Treatment.aspx

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)