

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 01/18/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: OT 3x4 weeks left wrist

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial evaluation note Dr. 06/03/09
2. Follow-up note Dr. 06/17/09
3. MRI of the left shoulder without contrast, Radiological Associates 06/19/09
4. Follow-up notes Dr. 06/22/09-07/28/09
5. Operative report Dr. 07/31/09
6. Follow-up notes Dr. 08/03/09-10/21/09
7. Occupational therapy daily notes 10/26/09-11/02/09
8. Utilization review 11/06/09
9. Utilization review R.N. dated 11/16/09
10. Follow-up notes Dr. 11/18/09-12/16/09
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

A clinic note dated 06/03/09 reported the employee was injured when he fell and landed on his left arm. The note reported the employee was taken to Medical Center where he was diagnosed with a distal radius and ulnar styloid fracture. The note reported the employee was placed into a sugar tong splint. The employee complained of shoulder pain. Physical examination of the left arm reported no skin laceration or abrasion, edema throughout the wrist, point tenderness to palpation directly over the distal radius and ulnar styloid, wrist range of motion was limited secondary to pain and stiffness, full sensation intact, the employee able to make full fist with his fingers and strong radial pulse. Radiographs of the left wrist taken in-clinic showed a minimally displaced comminuted distal radius fracture at the diaphyseal and metaphyseal junction. The note reports radial and ulnar styloid fractures were in acceptable alignment. The note reported the employee was placed into a long-arm cast and instructed to use a sling at all times.

A clinic note dated 06/17/09 reported the employee stated his elbow was feeling better and he complained of some discomfort in the shoulder. Physical examination reported cast intact, neurologically intact, pain with left shoulder range of motion. Radiographs of the left wrist showed maintenance of acceptable position of his fracture. The employee was recommended to continue with left wrist cast.

An MRI of the left shoulder dated 06/19/09 reported a full-thickness tear of the supraspinatus tendon, some tearing at the distal subscapularis tendon, fluid in the subacromial/subdeltoid bursa, glenohumeral joint effusion.

A clinic note dated 06/29/09 reported the employee "is not voicing any new problems at this time." Physical examination reported the cast was well-fitting and the employee was neurologically intact. Radiographs report maintenance of acceptable position of the employee's fracture.

A clinic note dated 07/14/09 reported the employee was not voicing any new complaints. Physical examination of the left wrist showed no tenderness at the fracture sites and neurologically intact. Radiographs taken in-clinic showed healing of the distal radius fracture and good alignment. The note reported the employee was taken out of the long-arm cast and placed in a wrist brace for protection and support.

An operative report dated 07/31/09 reported the employee underwent left shoulder arthroscopic debridement, acromioplasty, subacromial decompression, distal clavicle resection, and rotator cuff repair.

A clinic note dated 08/03/09 reported the employee was not voicing any particular problems related to either wrist or shoulder and stated he was doing well. Physical examination reported neurologically intact and no tenderness at the distal radius. Radiographs of the left wrist show further healing of the distal radius fracture. The employee was recommended to continue wearing wrist brace.

A clinic note dated 09/02/09 reported the employee complains of some discomfort and soreness in the wrist, elbow and shoulder. Physical examination reported mild

tenderness of the distal radius. The employee was recommended to begin active motion and physical therapy for wrist, elbow and shoulder.

A clinic note dated 09/23/09 reported the employee complained of significant stiffness in the wrist. Physical examination of the left wrist reported approximately 30 degrees of flexion, 20 degrees of extension, 20 degrees of supination and 30 degrees of pronation. Physical examination also reports the employee was unable to fully make a fist. The employee was recommended to continue physical therapy for both the shoulder and wrist.

A clinic note dated 10/21/09 reported the employee complained of continued stiffness. The note reported the employee "has been going to therapy for both and states both are improving." Physical examination of the left wrist reported 30 degrees of flexion, 20 degrees extension, 30 degrees of supination, 70 degrees of pronation, the employee was not able to make a fist, but his tip to palm distance was approximately 2 cm. Radiographs of the left wrist taken in-clinic showed a healed distal radius fracture, no change of position. The employee was recommended to continue therapy and was noted to have just received a Dynasplint last week for the wrist.

A physical therapy reevaluation note dated 10/21/09 reported the employee had completed twenty-two sessions to date. The note reported the employee's functional use of the left hand was severely limited secondary to lack of wrist range of motion. The employee was recommended to continue therapy.

An occupational therapy note dated 10/28/09 reported the employee had been doing a home exercise program and slept with a Dynasplint at night. The note reported the employee tolerated passive full supination and added wrist extension in combination. The note reported the employee's range of motion was slowly improving.

An occupational therapy note dated 11/02/09 reported the employee had been performing a home exercise program and slept with a Dynasplint on at number 3. The note reported the employee wanted to increase tension to 3.5. The note reported the employee demonstrated good motivation to work through pain for increasing motion of forearm, wrist and hand for returning to good functional use.

A utilization review dated 11/06/09 reported the request for occupational therapy 3Wk x 4Wks for the left wrist was denied secondary to not having a recent occupational therapy evaluation or an MD note that documented the outcome after one month of additional occupational therapy and one month of Dynasplint use.

A utilization review dated 11/16/09 reported the request for occupational therapy 3 x 4 weeks was denied secondary to lack of documentation after twelve additional physical therapy sessions and Dynasplint application.

A clinic note dated 11/18/09 reported the employee noted a slight increase in grip strength but continued to have significant weakness. The note reported that therapy for the hand was discontinued. Physical examination of the wrist reports 20 degrees of flexion, 20 degrees of extension, 70 degrees of pronation and 20 degrees of supination.

Physical examination also reported the employee was unable to make a fist and grip strength has slightly increased. The employee was recommended to continue Dynasplint and begin occupational therapy.

A clinic note dated 12/16/09 reported the previous request for therapy for the hand was denied. Physical examination of the left wrist reveals full pronation, full supination, significant stiffness on flexion and extension, inability to fully make a fist, tip to palm distance actively of approximately 2 cm and passively 1 cm. The employee was recommended for therapy for his hand.

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

Based on the medical records provided for review, the request for occupational therapy 3Wk x 4Wks left wrist is not medically necessary at this time. Clinical documentation submitted for review indicated that the employee had completed approximately thirty sessions of therapy for the left wrist to date. Radiographs of the left wrist dated 10/21/09 reported a healed distal radius fracture with no change in position.

Official Disability Guidelines recommend a maximum of sixteen physical/occupational therapy sessions over eight weeks for employees who are status post fracture of the radius/ulna. Occupational therapy notes submitted for review indicate the employee was carrying out a home exercise program. The employee has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, the prior determination is upheld.

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

Official Disability Guidelines, Wrist, Forearm and Hand Chapter
Physical/Occupational Therapy Guidelines
Fracture of radius/ulna (forearm) (ICD9 813):
Medical treatment: 16 visits over 8 weeks
Postsurgical treatment: 16 visits over 8 weeks