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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OT 2x4 97110 97140 97010
97033 97035

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., board certified in Orthopedic Surgery

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 9/17/09, 11/12/09
Physical Therapy and Sports Training Center, 9/14/09
Occupational Therapy Progress Note, 8/5/09
Orthopaedic Associates , Follow-up Note, MD, 9/14/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who in xx/xxxx injured her wrist while helping a co-worker, twisting her wrist. She ended up having a wrist arthroscopy due to triangular fibrocartilage complex tear and had physical therapy of approximately sixteen treatments. She also had an ulnar shortening osteotomy with TFCC repair and scapholunate lunotriquetral ligament debridement. The last procedure appears to have been approximately one year ago. In a 09/14/09 examination note it was stated that she apparently had 5/5 strength of all the muscles. She has full range of motion, but she is stated to have extensor carpi radialis brevis tendinitis. Recommendation was for further therapy along with nonsteroidal anti-inflammatory medication. The physical examination notes that the last procedure apparently was in November 2008. It is stated in the records she has had a total of thirteen therapy visits since 03/20/09. The previous reviewer has noted that Official Disability Guidelines and Treatment Guidelines would support the use of nine total visits over eight weeks.

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

The Official Disability Guidelines and Treatment Guidelines would recommend nine visits

over eight weeks. The patient has had at least thirteen therapy visits. The examination notes state that she has full range of motion and full motor strength but is apparently suffering from extensor carpi radialis brevis tendinitis. However, as the previous reviewer has noted, the patient does not fit the criteria for continued therapy. It is this reviewer's opinion also that given the normal strength and the full range of motion and the fact that she has already completed more therapy visits than typically utilized, this adverse determination cannot be overturned. The medical records from the treating doctor do not provide any explanation as to why further therapy one year post surgery is felt to be beneficial. It is for this reason the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for OT 2x4 97110 97140 97010 97033 97035.

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)