



REVIEWER'S REPORT

DATE OF REVIEW: 12/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Additional physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering fractures of the distal radius

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters, 11/16/09 and 11/20/09
4. URA records
5. Perspective review, 12/03/09
6. TASB Risk Management notes, 11/10/09 and 11/12/09
7. GAO clinical notes, 06/03/09 and 11/20/09
8. Utilization review forms
9. Patient information
10. TWCC-73, 11/20/09
11. PT referrals, 07/03/09 and 09/11/09
12. PT progress notes, 07/07/09, 11/06/09, and 11/16/09
13. Preauthorization request

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is female who fell from a ladder on xx/xx/xx, suffering a displaced fracture of the distal radius of her left forearm. She underwent an open reduction internal fixation. Postoperatively she has undergone more than twenty sessions of physical therapy. Additional physical therapy is being requested to assist the patient in further development of function of the left hand with specific regard to computer keyboard typing.

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

The patient has already received the recommended course of physical therapy as found in the Official Disability Guidelines. The purpose of supervised physical therapy is to provide the patient with a foundation upon which additional functionality is achieved by home exercise and the passage of time, including accommodation to limitations which may result as a consequence of serious injury. The request for yet additional physical therapy has been considered and denied, reconsidered and denied. It would appear that the denials were appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)