



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

04/26/2010

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 04/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OT 2x6 for the right elbow (97140, 97110, 97010)

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

Texas State Licensed MD Board Certified Occupational Medicine physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to 04/06/2010
2. Notice of assignment to URA 04/06/2010
3. Confirmation of Receipt of a Request for a Review by an IRO
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 03/26/2010
6. letter 02/16/2010, 01/29/2010, carrier submission 04/09/2010
7. Medical note 02/01/2010, 01/22/2010, pre-auth rqst 01/21/2010, prescription 02/21/2010, patient data sheet 01/19/2010
8. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

This is a female who injured her right elbow due to a fall injury at work on xx/xx/xx. She was diagnosed with fracture of ulna with anterior dislocation of the radial head. She underwent open reduction internal fixation (ORIF) procedure for the fracture of ulna and closed reduction of radial head. Subsequently, the patient completed 20 sessions of physical therapy for



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rehabilitation of her joint function. However, on her last evaluation, she was still noted to have decreased range of motion of the joint, especially flexion and extension. The patient was recommended additional 12 sessions of OT to further improve functional capacity of her right upper extremity.

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

The claimant has history of severe injury to her right elbow resulting in fracture of the ulna and dislocation of the radial head. She required surgical treatment of the fracture and underwent replacement procedure for the radial dislocation. Elbow dislocations are relatively uncommon in adults. Radial head dislocation is often associated with severe trauma, including significant falls. Given the force that is required to dislocate the elbow, associated fractures are frequent with elbow dislocations. Due to severe nature of injury, even with successful closed reduction of the radial head there may be slow and progressive shortening and angulation of the arm, warranting close follow-up of these patients (Wheeless's Orthopedics). As per ODG guidelines: 16 OT/PT visits over 08 weeks are recommended as post-surgical treatment for fracture of radius/ulna (forearm) (ICD9 813). Modalities with CPT code 97010, 97110 and 97140 are recommended. As per ODG Guidelines: 06 visits of OT/PT over 02 weeks are recommended for non-surgical treatment of dislocation of elbow (ICD9 832).

According to ODG: "In cases where the medical care is an exception to ODG, the health care provider should document: (1) extenuating circumstances of the case that warrant performance of the treatment including the rationale for procedures not addressed in ODG; (2) patient comorbidities, (3) objective signs of functional improvement for treatment conducted thus far; (4) measurable goals and progress points expected from additional treatment; and (5) additional evidence that supports the health care provider's case".

Although the claimant has completed 20 post-procedure PT sessions, she continued to have restriction of range of motion of the elbow. Due to limitations of the joint, she has difficulty in performing activities of daily life (ADL), such as dressing, grooming, and even getting food to her mouth (the claimant is right hand dominant). Her last evaluation provides evidence that her functional ability would further improve with additional PT. Thus, in view of this patient's complicated injury, drastic effects of limited functional capacity on daily activities of her life, and room for possible improvement with the treatment, the insurer's decision to uphold the requested OT 2x6 for the right elbow (97140, 97110, 97010) is overturned.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES



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- 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
 1. ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Forearm, Wrist, & Hand (Acute & Chronic) (Not including “Carpal Tunnel Syndrome”) Procedure Summary, p.10
 2. ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines (Online). “Documenting Exceptions to Guidelines”, Appendix D (section I, paragraph 3).
- 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)
 1. Wheelless’s Textbook of Orthopedics (Online) “Monteggia's Fracture”. Accessed: April, 18, 2010. http://www.wheelsonline.com/ortho/monteggias_fracture.