

Notice of Independent Review Decision

REVIEWER'S REPORT

**DATE OF REVIEW:** 10/21/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical rehabilitation 3 x a week for 3 weeks, right upper extremity (97110, 97530, 97140).

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Diplomate, Congress of Chiropractic Consultants, 25 years of active clinical chiropractic practice, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance/Division of Workers' Compensation, Designated doctor.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
842.10	97110		Prosp.						Overturn
841.9	97530		Prosp.						Overturn
	97140		Prosp.						Overturn
	97535		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Certificate of Independence of the Reviewer.
2. TDI case assignment.
3. Letters of denial 10/01 & 09/15/2010, including criteria used in the denial.
4. Request for pre-authorization 09/09/10.
5. Accident/injury summary and initial consultation note xx/xx/xx
6. Initial evaluation 09/03/10.
7. H&P 09/01/10.

**SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:**

The patient was injured at work on xx/xx/xx when she was a and lowering a passenger. The passenger began to fall and the patient's right arm got pinned between the lift and the passenger causing her injuries.

I have reviewed the records and there seems to be some disparities. One report indicates the patient has completed only 9 therapy sessions, 4 in March and 5 with another provider in May/June. Therapy request for 9 sessions was denied and the peer review doctor in the report dated 09/09/2010 indicated the patient had previously received 16 sessions of PT. The appeal report dated 09/24/2010 states that according to the case notes, the patient has had 16 sessions of physical therapy to date. This is contradictory and I did not receive records that clarify this position.

The patient had therapy shortly after her injury. She presented to another doctor on 09/01/2010 for an evaluation. The patient had significant subjective symptoms (pain scale 9/10) and positive objective findings (grip strength weakness and positive exam findings). The report indicated a previous nerve conduction study and EMG. She was told she had a contusion of her right elbow. She was also told that she has some radial neuropathy. Those records were not available for my review. The patient continues to experience pain radiating up from her right wrist and up her right arm towards the shoulder. She has numbness on the dorsum of the right hand and it is getting worse.

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

The ODG guidelines allow for therapy for this type of injury and it is recommended. As noted below, the guidelines state more visits may be necessary when grip strength is a problem. Such is the case with this patient. The current exam findings on 09/03/2010 reveals significant right grip strength weakness of 22, 24 and 25 pounds compared to left grip strength of 55, 55, and 58. The patient is right hand dominant.

Although the patient has previously had therapy for her injury, she continues to have problems that require additional treatment. The guidelines indicate a certain number of therapy visits are within the guidelines and depending upon which report is accurate, she may have had the normally allowed visits. The guidelines are just that, guidelines and are not in concrete and can be modified based upon individual cases. Such is the case with this injury. The guidelines do allow for additional visits when grip strength is a problem and she has more than just one injured area. Therefore, it is usual, reasonable, customary and medically necessary for the patient to receive the additional requested physical therapy 3 x per week for 3 weeks for right upper extremity injuries.

**SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- 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 judgement, clinical experience and expertise..
- 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).