**SENT VIA EMAIL OR FAX ON**
**Apr/06/2011**


# Pure Resolutions Inc.

**An Independent Review Organization**
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**
Mar/30/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Physical Therapy 2 X wk X 3 wks 97110 (G0283 PNR) 97140

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

**REVIEW OUTCOME:**

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

[ ] Upheld (Agree)

[ X ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
OD Guidelines
PT 9/8/10 thru 2/14/11
3/22/11, 3/1/11, and 3/16/11
Dr. /6/09 thru 3/2/11
Health Care 11/30/10 thru 2/8/11
Diagnostics 11/17/10

**PATIENT CLINICAL HISTORY SUMMARY**
This is a man who had a pipe fall on his right forearm on xx/xx/xx. He had surgery a day later, which included plating of fractures of the radius and ulnar. He had ongoing stiffness and wrist pain, thumb numbness, and loss of shoulder motion. An EMG done in 11/10 reportedly

showed axonal loss of the radial nerve in the forearm, but the IRO reviewer is not finding any spontaneous activity on the EMG report. He had some suggestion of RSD based upon Dr. feeling of a temperature difference and some osteoporesis on xray, but without hyperpathia or allodynia. He had limited shoulder and hand motion and continued with PT. The therapy reports showed active participation and improvement. He actually regressed a bit in February when he missed some therapy due to weather. He reportedly had completed 50 sessions of therapy by 2/14/11. 6 additional therapy sessions were requested to work on his shoulder and hand function. Dr. felt he needed more therapy on 3/2/11 because of his improvement.

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

The therapies to date far exceed the ODG recommendations for a frozen shoulder and the forearm fracture. The frozen shoulder was not identified until the PT was started in the fall when the ROM was assessed and was attributed to RSD. The requested time frame for the additional therapies far exceeds the amount approved in the ODG for most problems. The records did not describe any malingering or similar behaviors to explain slow recovery. The IRO reviewer suspects we are seeing recovery in someone motivated. The question becomes when to stop therapy while someone is improving? The ODG states, “The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions…but they cannot take into account the uniqueness of each patient’s clinical circumstances.” As long he is making the improvement, the IRO reviewer’s medical assessment, bases on a careful review of all medical records, is that the ongoing treatment meets this ODG criteria and the request is medically necessary.

Physical/ Occupational therapy

**Fracture of radius/ulna (forearm) (ICD9 813):**
**Medical treatment: 16 visits over 8 weeks**
**Post-surgical treatment: 16 visits over 8 weeks**

**Adhesive capsulitis** (IC9 726.0):
Medical treatment: 16 visits over 8 weeks

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**