

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy – outpatient 2-3/wk x 8wks (16-24 visits)

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

M.D., Board Certified 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

Official Disability Guidelines

Request for IRO dated 07/12/11

Clinical records Dr. dated 02/22/11-05/10/11

Physical therapy treatment notes, 3/21/11-5/27/11

Utilization review determination 05/24/11

Utilization review determination 06/10/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury she is reported to have slipped on a floor injuring her right arm. She is reported to have sustained a fracture to right wrist. She was seen at local emergency department. She underwent ORIF of right wrist for distal radius fracture. She has subsequently been followed by Dr., orthopedic surgeon. On 02/22/11, the claimant was seen in follow-up by Dr. . It is reported her sutures were removed a few days ago and she was referred for physical therapy. On physical examination she is well developed and well nourished. She is in no acute distress. She has large scar on palmar aspect of right forearm. Steri-strips were present over the scar. She has moderate swelling of dorsal, limited range of motion in all directions, decreased active range of motion. Radiographs were reviewed and there is retained hardware. She subsequently was referred for physical therapy. The claimant was seen in follow-up by Dr. on 04/07/11. She is noted to be improving with physical therapy but has significant decreased range of motion and is unable to grip. She cannot write or keyboard which is required as part of her job. Physical examination indicates she is noted to have moderate pain on pronation, supination. She is noted to have joint tenderness with decreased active range of motion. She has decreased grip strength and pain with grasping. She has moderate swelling of the right hand. She was continued in physical therapy and is provided work restrictions.

On 05/10/11 the claimant was seen in follow-up by Dr.. She is reported to be improving and feels better. She has not been working because no activity was recommended from last office visit. She reported Dr. has asked her to remove the wrist brace and have her move her wrist more often. She reported she is unable to go to work due to persistent swelling in hand and pain. She reported that she is better but would prefer to remain off work as she is not 100% better. She reported still driving with her left hand but can text on phone and brush her hair. She can only keyboard for a little while. She is reported to be reluctant to return to work. Physical examination indicates she has decreased range of motion. Flexion is to 45 degrees without pain. She has moderate pain on flexion and radial deviation. She subsequently was continued on physical therapy.

On 05/24/11 a request for 24 additional sessions of physical therapy was reviewed by Dr. Dr. notes that the claimant has received 24 sessions of postoperative physical therapy. The current evidence based guidelines support 16 visits over 8 weeks. She noted that there is no evidence of outlier status or any indication that the claimant is unable to continue and complete rehab with independent home exercise program which she would be expected to be performing by now. She noted medical necessity for additional 24 sessions has not been clearly documented. An appeal request was reviewed by Dr. on 06/10/11. Dr. notes that the request for 24 additional sessions for physical therapy cannot be supported. He noted that current evidence based guidelines support up to 16 sessions of formal therapy status post ORIF. He notes the claimant has already exceeded that number and has made good progress in terms of strength and function and mobility. He noted it would be unclear as to why transition to aggressive home exercise program could not take place.

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

The submitted records indicate the claimant made slow progress with initial physical therapy but subsequently had significant improvement. She has completed 24 sessions of physical therapy to date. The Official Disability Guidelines would recommend a self-directed home exercise program to maintain gains provided by her initial 24 sessions rather than additional supervised PT. Based on the clinical information provided, the reviewer finds this request for Physical therapy – outpatient 2-3/wk x 8wks (16-24 visits) is not medically necessary.

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)