

I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive, #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Physical Therapy / 12 visits

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

MD, 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 07/08/11

Adverse determination 07/07/11

Adverse determination 06/15/11

Emergency department records 01/30/11

Radiographic report left wrist 01/30/11

Clinical records Dr. 02/03/11 through 06/30/11

Operative report 02/11/11

Physical therapy treatment records, 2011

Letter of medical necessity 06/29/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. The claimant was seen in a local emergency department where she was diagnosed with fractures involving the metastasis of the distal radius and ulna. There is a marked deformity, dorsal displacement, dorsal angulation of the distal fragments. The ulnar fracture is comminuted with fracture line extending to the ulnar styloid. The distal radial fracture does not appear to extend into the articular surface. The claimant was subsequently seen by Dr. who reports that the claimant fell at work sustaining a fracture of the left distal radius and ulna. He notes she has a Colles' deformity of the left wrist. Motor sensory and neuro showed minimal decreased sensation over the thumb index and middle finger. The claimant subsequently is recommended to undergo ORIF or closed reduction and percutaneous pinning. The claimant was taken to surgery on 02/11/11. She was subsequently seen post-operatively on 02/21/11. Her pin tracks are noted to be clean and dry. Her incision is clean and dry. Radiographs show no change in anatomic position. On 03/30/11 the pins were removed and the claimant was subsequently followed for one month and then referred to

physical therapy on 05/05/11. Records indicate that as of 05/27/11 the claimant had completed 10 sessions of post-operative physical therapy. She is noted to have pain levels of 3/10 at rest 7/10 with use. She is noted to have met seven of her treatment goals. She was recommended to undergo additional occupational therapy for which she was approved. On 06/02/11 the claimant was seen in follow up. She is reported to have 50% range of motion in dorsiflexion otherwise good plantar and palmar flexion in radial deviation but lacks 50% of supination as well. She was continued in therapy.

On 06/15/11 this request was reviewed by Dr. who notes that the claimant has completed 18 sessions of post-operative physical therapy and current evidence based guidelines only support 16 sessions and that there was no current physical therapy or MD assessment submitted for review. He notes that there is no medical information provided for exceeding ODG guidelines. The record contains a letter of appeal from or letter of medical necessity from Dr. who reports that the claimant requires additional occupational therapy as she is lacking 50% supination in her left wrist. He recommends the additional therapy to return the claimant to work at full duty without any restrictions. The subsequent appeal request was reviewed on 07/07/11 by Dr. who reports that four and a half months have passed since the open reduction internal fixation and that the pins were removed over three months ago. He reports that at this late date further gains in formal therapy would be somewhat unlikely although there are still some limitations of motion documented. He notes that treatment to date has already exceeded Official Disability Guidelines for post surgical treatment and therefore 12 additional visits cannot be substantiated under the guidelines.

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

The request for 12 additional sessions of occupational therapy is not supported as medically necessary by the submitted clinical information. The submitted clinical records indicate that the claimant sustained a fracture to her wrist, which was treated with closed reduction and pinning. The claimant had pins removed 30 days post-operatively and was referred for physical therapy. Records indicate that the claimant has completed 18 sessions of post-operative physical therapy with some limitations in range of motion. The records do not contain any detailed information, which would suggest that the claimant would have further benefit from supervised occupational therapy. The reviewer finds there is not a medical necessity for Additional Physical Therapy / 12 visits.

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)