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Notice of Independent Review Decision

DATE OF REVIEW: 12/30/10

IRO CASE #:

Description of the Service or Services In Dispute
Occupational Therapy 2-3x/wk for 4 wks, right wrist

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

Physician Board certified in Orthopedic Surgery

REVIEW OUTCOME

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

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

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

Adverse determination letters, 11/17/10, 10/18/10
Clinical, therapy & office notes, Orthopedic Surgery Group 2/11/10 – 11/5/10
Diagnostic tests, including occupational therapy evaluation 10/13/10
Blood test results 4/23/10
EMG/NCV studies 2/25/10
X-ray reports
Lf carpal tunnel op report 5/4/10
Rt carpal tunnel op report 9/28/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has undergone bilateral carpal tunnel releases. Initial carpal tunnel releases was followed by physical therapy and patient did well. The most recent right carpal tunnel release underwent OT evaluation with a recommendation for 12 PT sessions which were denied on the basis that the ODG guidelines only allow 3 to 8 visits.

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

I agree with the decision to deny the requested services because the 12 visits are outside the norm without any additional rationale given for the deviation. The request for the 12 visits is not medically necessary. Three to 8 visits is reasonable and would need to be resubmitted as the current request is not medically reasonable and necessary.

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 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)