

SENT VIA EMAIL OR FAX ON  
Jan/25/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/24/2011

**IRO CASE #:**

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

DME Bilateral Wrist Splint

**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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines; 1/12/11, 12/16/10, 12/29/10; UT Physicians 1/5/11

Dr. 1/3/11; 12/6/10 thru 12/20/10; Nursing Flow Chart 12/18/10; Rehab & Research 10/15/10

**PATIENT CLINICAL HISTORY SUMMARY**

The records describe a gentlemen with spasticity and quadriplegia from an anoxic head injury. He has had splinting and a pump to control the spasticity. He still has contractures. Botox is under consideration.

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

The ODG addresses split largely for wrist trauma and fractures. The ODG does not have a section for treatment of CNS problems such as anoxic brain injuries and quadriplegia. The questions posed are for the splints for the hands following a nearly 20 year old injury. The IRO reviewer is not aware of any section of the ODG providing appropriate guidelines. Splinting of hands in people with quadriplegia may be done for functional gains. These include such items as reciprocal orthoses. He apparently has no volition to accommodate

this. The question then is why the splints for spasticity. Treatment appears from the notes provided is to reduce the development of further contractures. Not written is that this is necessary for pain control and hand hygiene to avoid hand ulcers and in turn more spastically and surgery. The orthotist described why a resting splint is not appropriate in this case. The description sounds consistent with medical practice to avoid the skin breakdown from constant pressure. The ODG recognizes there are unique situations and the treatment may need to be based upon clinical expertise. Therefore, the request is 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)