



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: 3/14/11

IRO Case #:

Description of the services in dispute:

OT for 12 sessions (3 x 4) to the bilateral shoulders and right hand areas consisting of therapeutic exercises and manual therapy.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Partially Overturned

Nine visits of OT to the right hand/wrist only are medically necessary.

Information provided to the IRO for review

Records from the State:

IRO request form 2/23/11, 5 pages

Request for an independent review organization, 2/17/11, 2 pages

Utilization review findings 1/24/11, 4 pages

Records from the provider:

Utilization review findings 1/31/11, 2 pages

Nurse notes 12/9/10-1/21/11, 1 page

Hand and upper extremity evaluation 1/18/11, 2 pages

Office visit 1/11/11, 2 pages
Order requisition 1/11/11, 1 page
Records for the URA:
Letter 2/24/11, 1 page
URA reviewer's reason for difference undated, 1 page
Index, 1 page
Letter 11/22/10, 1 page
CT of head or brain 11/10/10, 2 pages
Right shoulder MR 12/9/10, 1 page
Left knee MR 12/9/10, 1 page
Right wrist MR 12/9/10, 1 page
CT of abdomen 11/12/10, 1 page
CT of cervical spine 11/12/10, 1 page
CT of head and brain 11/12/10, 1 page
CT of lumbar spine 11/12/10, 1 page
CT of thorax 11/12/10, 1 page
X-ray of right humerus 11/12/10, 1 page
X-ray of right knee 11/12/10, 1 page
X-ray of left knee 11/12/10, 1 page
X-ray of right shoulder 11/12/10, 1 page
X-ray of right wrist 11/12/10, 1 page
Office visit 1/26/11, 2 pages
Office visit 1/25/11, 2 pages
Office visit 1/12/11, 2 pages
Daily PT progress note 1/12/11, 1 page
Daily PT progress note 12/22/10, 1 page
Daily PT progress note 12/20/10, 1 page
Office visit 12/15/10, 2 pages
Daily PT progress note 12/14/10, 1 page
Daily PT progress note 12/10/10, 1 page
Office visit 12/7/10, 2 pages
Office visit 12/6/10, 3 pages
Office visit 11/29/10, 4 pages
Clinical records 11/22/10, 2 pages
Office visit 11/19/10, 2 pages
Trauma evaluation orders 11/10/10, 1 page
Trauma clinical records 11/10/10, 4 pages
Emergency documentation 11/10/10, 4 pages

Patient clinical history [summary]

This is the final level appeal of services being denied as not medically necessary. Services being denied: occupational therapy 12 sessions 3 times a week for 4 weeks.

The patient was in an aircraft when it went down. He is a male, and sustained injuries to his chest, bilateral elbows, wrist, knee, and left ankle. He also had injuries to his face and head. He has been treated with medications, activity modification, and PT. The 1/18/11 evaluation notes chief complaints of difficulty with activities of daily living (ADL), popping loss of motion, loss of strength, aching, and pain. He has decreased motion, strength, and pain with testing of the upper extremity (UE). It appears he has had therapy for the shoulder, but no mention of therapy for the wrist or elbow. He reports persistent shoulder pain despite treatment. The patient had PT on 1/18/11, 1/12/11, 12/22/10, 12/20/10, 12/14/10, 12/10/10, and 11/29/10.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient does not appear to have had any OT/PT for the hand or wrist until 1/18/11 when a first time evaluation by OT was made. Therefore, a modification to 9 visits of OT for the right hand/wrist would be supported by evidence-based guidelines. The patient had deficits in motion and strength. There was a triangular fibrocartilage complex (TFCC) tear on the MRI. The doctor was trying to avoid surgery. OT to restore strength and function is medically necessary. However, regarding the shoulder, there was no physical exam of the shoulder by the treating doctor since 11/10. There was improvement with PT. There was minimal pain per the PT notes. There were no deficits documented on exam to demonstrate a continued need for supervised OT/PT rather than a home exercise program (HEP). Therefore, the documentation does not support ongoing shoulder OT/PT.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG: Sprained shoulder; rotator cuff (ICD9 840; 840.4):

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks

Sprains and strains of wrist and hand (ICD9 842):

9 visits over 8 weeks

Sprains and strains of elbow and forearm (ICD9 841):

Medical treatment: 9 visits over 8 weeks