AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: March 7, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 Occupational Therapy Visits between 2/7/2011 and 4/8/2011 (82775)

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

This physician is a Board Certified Orthopedic Surgeon with 42 years of experience.

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)

Provide a 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

On October 20, 2010, the claimant was evaluated by an M.D. He has a left distal radius fracture which needs to be splinted until an MRI can be completed.

On October 21, 20101, an MRI of the left wrist was performed. Impression: 1. Nondisplaced distal radius fracture. There is a small intra-articular component without evidence of incongruity at the joint. 2. Degenerative signal intensity of the scapholunate ligament with possible small partial tear of the dorsal lunate attachment. No membranous or volar component tear is visible. 3. 3 mm degenerative fenestration of triangular fibrocartilage. 4. Remote ulnar styloid fracture. 5. Extensor carpi radialis brevis and longus tenosynovitis as interpreted by an M.D.

On October 25, 2010, the claimant was re-evaluated by an M.D. He does not require surgical intervention for the left wrist at this time. He will be put in a Muenster to allow little flexion and extension.

On October 29, 2010, x-rays of the left wrist showed step-off in his articular surface. His radial styloid is beginning to subside a little bit. There is a long oblique fracture.

On November 1, 2010, the claimant was re-evaluated by an M.D. Because of the step-off in the articular surface and long oblique fracture, surgical intervention is necessary to correct the instability.

On November 4, 2010, the claimant underwent surgical intervention of the left wrist as performed by an M.D. Procedures: Open reduction internal fixation of radial styloid fracture.

On November 15, 2010, the claimant was re-evaluated by an M.D. He is to be placed in a Muenster thumb spica cast which he will wear for 5 weeks.

On December 20, 2010, the claimant was re-evaluated by an M.D. He will work on range of motion and stretching in therapy.

On December 23, 2010, the claimant began physical therapy of the left wrist for 12 visits.

On January 6, 2011, the claimant attended his 3rd of 12 PT visits. He reports he is feeling less sensitivity in the left hand and forearm with motion today.

On January 14, 2011, the claimant attended his 6th of 12 PT visits. He reports the XS glove and the tubigrip seem to be helping. States he did notice more swelling today after he had popcorn last night. Assessed BP and it was 142-86 with HR of 90 while he was sitting at rest.

On January 20, 2011, the claimant attended his 9th of 12 PT visits. He reported his symptoms are better with improved range of motion.

On January 28, 2011, the claimant attended his 12th of 12 PT visits. He is now able to use the left hand a little more easily while doing light duty at work. The pressure washed is difficult to use for more than 45 minutes.

On January 31, 2011, the claimant was re-evaluated by an M.D. His mobility is good; he has 30 degrees in flexion and extension. His pronation and supination are close to normal. He does not have tenderness. He is stiff and sore when he loads in extension.

On February 4, 2011, an M.D., an occupational medicine physician performed a utilization review on the claimant. Rationale for denial: He has completed 12 sessions of physical therapy with noted improvement in ROM and pain level. The number of requested visits on top of the previous therapy sessions is deemed in excess of the recommendation of the referenced guidelines. Therefore it is not certified.

On February 10, 2011, an M.D., an orthopedic surgeon performed a utilization review on the claimant. Rationale for denial: It is noted that the patient has attended 12 occupational therapy sessions to date. The number of Occupational Therapy sessions requested on top of the previously rendered therapy exceeds the guideline recommendations. The latest medical records do not substantiate the need for additional occupational therapy. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xxxx this male sustained an injury to the left wrist when he slipped off a ladder and landed on his wrist.

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

The previous decisions are upheld. The claimant has completed his 12 occupational therapy sessions recommended by the ODG and in all medical probability will continue to progress over time without further occupational therapy sessions.

ODG Physical Therapy Guidelines –

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long-term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.
Sprains and strains of elbow and forearm (ICD9 841):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment/ligament repair: 24 visits over 16 weeks
Lateral epicondylitis/Tennis elbow (ICD9 726.32):
Medical treatment: 8 visits over 5 weeks
Post-surgical treatment: 12 visits over 12 weeks
Medial epicondylitis/Golfers' elbow (ICD9 726.31):
Medical treatment: 8 visits over 5 weeks
Post-surgical treatment: 12 visits over 12 weeks
Enthesopathy of elbow region (ICD9 726.3):
Medical treatment: 8 visits over 5 weeks
Post-surgical treatment: 12 visits over 12 weeks
Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):
Medical treatment: 14 visits over 6 weeks
Post-surgical treatment: 20 visits over 10 weeks
Olecranon bursitis (ICD9 726.33):
Medical treatment: 8 visits over 4 weeks
Dislocation of elbow (ICD9 832):
Stable dislocation: 6 visits over 2 weeks
Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks
Fracture of radius/ulna (ICD9 813):

A 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)