

SENT VIA EMAIL OR FAX ON
May/20/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Occupational Therapy 2 wk 4

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is employed by the who is reported to have sustained soft tissue injuries to wrist on xx/xx/xx. It is reported on the date of injury he lifted a bucket that thought was empty but actually had 60 lbs and stretched his hand and wrist. He subsequently was taken to surgery and underwent a left carpal tunnel release and tenosynovectomy of flexor tendons on 02/02/11. Postoperatively the claimant was referred for occupational therapy. The record contains a clinic note from Dr. dated 04/20/11. She notes the claimant presents for follow-up of left hand numbness and tingling and stiffness. An attempt was made to authorize physical therapy his last visit. It is reported he has had no improvement in his symptoms. He reported numbness and tingling is sometimes better in his hands but on other days worse. Physical examination indicates his incisions are completely healed. Flexor and extensor tendons are intact. There are some minimal limitations in range of motion. He is able to get tips of fingers into palm. Sensation is worse in thumb but better in other digits being 15 mm at radial thumb, 13 mm at ulnar thumb, 6 mm at index ring and small fingers, and 9 mm at radial middle finger, and 10 mm at ulnar middle finger. He subsequently is recommended to undergo additional physical therapy.

The record contains a utilization review determination dated 04/14/11. It's reported that no clinical records were provided and the submitted records indicated that the claimant was working light duty. It's noted that the claimant showed to show for his occupational therapy evaluation. Given the lack of clinical information, it's unclear if the request is medically necessary.

This denial was appealed on 04/27/10 and reviewed by Dr.. It is reported that there is no clinical indication for occupational therapy at this time. It's noted that the carpal tunnel release was almost three months ago. Based upon this information the request for occupational therapy two times four was not deemed medically necessary.

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

The request for postoperative occupational therapy two times four weeks is not supported by the submitted clinical data and the previous utilization review determinations have been upheld. The submitted occupational therapy evaluation notes that the claimant has normal range of motion. He is noted to have sensory deficits. However these should improve with time. He has no substantial loss in range of motion and given that the claimant is greater than three months post date of surgery it is unlikely that physical or occupational therapy will result in a substantive change in the claimant's condition. It is further noted that the submitted clinical records are devoid of pertinent data. The records consist of an occupational therapy evaluation and a single note from Dr.. The records do not include any pre-operative historical notes establishing the failure of conservative care and does not include the operative report. In the absence of this very pertinent clinical data as well as noting the claimant is three months post surgery and is identified as having a normal range of motion the request for occupational therapy two times four is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES