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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: November 4, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Continue Physical Therapy 3X4 (97113, 97010, 97530, 97116, 97010, 97002, 97110, 97140)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review determination dated 10/05/11, 09/27/11
Progress note dated 09/12/11, 09/02/11, 07/31/11, 06/18/11, 07/13/11, 10/13/11, 07/04/11, 05/24/11, 04/25/11, 03/07/11, 03/01/11, 01/03/11, 12/06/10, 10/29/10, 09/27/10, 09/08/10, 08/27/10, 08/11/10, 04/13/11
Hospital encounter notes dated 06/18/10
Carrier submission dated 10/19/11
Operative report dated 06/01/10, 06/11/10
Medical Center records and rehabilitation progress notes dated 06/28/10-07/28/10, 10/27/10, 11/29/10, 01/03/11, 02/07/11, 04/13/11, 05/23/11
Functional capacity evaluation dated 06/01/141
Outpatient physical therapy daily progress note/charge ticket dated 10/09/10, 10/11/10, 10/24/10, 10/28/10, 10/26/10, 10/25/10, 10/21/10, 10/15/10, 10/20/10, 10/14/10, 10/01/10, 10/05/10, 11/23/10, 11/17/10, 11/16/10, 11/18/10, 11/03/10, 11/02/10, 11/15/10, 11/10/10, 11/01/10, 12/29/10, 12/27/10, 12/31/10, 01/04/11, 01/05/11, 01/07/11, 01/11/11, 01/14/11, 01/18/11, 01/19/11, 01/21/11, 01/25/11, 01/26/11, 01/28/11, 01/31/11, 02/11/11, 02/15/11, 02/18/11, 02/16/11, 02/25/11, 02/23/11, 02/22/11, 02/11/11, 02/08/11, 03/01/11, 03/04/11, 04/27/11, 07/27/11, 08/02/11, 08/03/11, 08/04/11, 08/09/11, 08/10/11, 08/16/11, 08/17/11, 08/18/11, 08/23/11, 08/24/11, 08/25/11, 08/30/11, 08/11/11
Discharge summary dated 07/28/10
Physical therapy initial evaluation dated 07/27/11, 01/26/11
Peer review dated 06/01/11
Updated peer review dated 10/23/11
Request for preauthorization dated 08/03/11
Physical therapy reevaluation dated 09/16/11

Script dated 07/29/11, 02/16/11, 01/17/11
Occupational therapy reevaluation dated 09/20/11, 01/25/11, 04/29/11
Hand evaluation dated 12/27/10
OT charge sheet dated 09/26/11
Letter dated 09/23/11, 04/07/11, 04/13/11, 07/08/11
Consultation dated 09/02/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient was working on a line at work when he sustained electrical burns resulting in 20% total body surface area 3rd degree burns to the head, bilateral upper extremities and trunk. The patient is status post multiple procedures for staged split thickness skin graft to include debridement and application of split thickness skin graft to the left hand, upper and lower arm and left elbow on 06/01/10 followed by debridement and application of split thickness skin graft to the face and left upper and lower arm on 06/11/10. The patient was followed in a skilled nursing unit at Medical Center. Both physical therapy and occupational therapy were provided. The patient subsequently underwent cataract surgery with placement of intraocular lens implants in both eyes in September for electrical cataracts. The patient re-entered a phys program in early 2011. Designated doctor evaluation dated 06/01/11 indicates that the patient reports waking up 2 ½ weeks after the accident and not being able to walk due to affected spinal cord. Diagnoses are listed as tetraparesis, status post 20% total body surface burn requiring multiple debridement procedures and grafting, status post bilateral cataract extraction with intraocular lens replacement, heterotopic ossification left elbow, peripheral neuropathy and status post incomplete C5-C7 spinal cord injury. The reviewing doctor notes that due to the patient's compensable injury, debilitative state and inability to take care of many ADLs without significant assistance, he would agree with the patient continuing in an outpatient program of additional occupational therapy and physical therapy for at least another three months. Functional capacity evaluation dated 06/01/11 indicates that the patient provided inconsistent effort and PDC is indeterminate. Physical therapy evaluation dated 07/27/11 indicates that the patient reports since his last PT session his physical impairments have gotten worse. His wife stretches him at home, but he cannot work on sit to stands or walking because his wife is not able to help him. He currently complains of low back pain with standing and constant left hip pain. Psychological evaluation dated 09/02/11 indicates that MMPI testing revealed no evidence of over or underreporting. Diagnoses are adjustment reaction with depressed mood and psychological factors adversely affecting medical conditions classified elsewhere. The patient was recommended for a course of individual psychotherapy. Physical therapy re-evaluation dated 09/16/11 indicates that the patient is able to transfer sit to stand at home SBA. The patient has been seen 22 out of 22 scheduled visits.

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

This patient has undergone extensive physical therapy and occupational therapy to include inpatient rehabilitation, skilled nursing visits as well as outpatient therapy. There is no clear rationale provided as to why the patient is unable to address remaining deficits with an independent, self-directed home exercise program. There are no specific, time-limited treatment goals provided. The ODG would recommend continuing to improve strength and range of motion with an independent, self-directed home exercise program. The reviewer finds there is no medical necessity for Continue Physical Therapy 3X4 (97113, 97010, 97530, 97116, 97010, 97002, 97110, 97140).

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)