



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WCN

DATE OF REVIEW: 1-10-12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OT 3 x 4 right wrist/hand 97010, 97026, 97035, 97022, 97018, 97140, 97110, 97530

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

American Board of Orthopaedic Surgery-Board Certified

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

- 7-22-11 ER visit.
- 7-23-11 Surgery performed by MD.
- 9-21-11 MD., office visit.
- 10-21-11 EMG/NCS of the upper extremities performed by MD.
- 10-24-11 UR performed by MD.
- 10-25-11 Minor Emergency Center - office visit.
- 10-26-11 physical therapy visit #26.
- 11-10-11 UR performed by MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

7-22-11 ER visit - Impression: Distal right radial fracture open.

7-23-11 Surgery performed by MD: Bolar incision and drainage and dorsal plating ORIF of a comminuted intraarticular distal right radius fracture. Postop diagnosis: Compound markedly displaced distal right radius fracture.

9-21-11 MD., the claimant is better on therapy. His MP's and IP's are working well. He still has virtually no pronation and supination and he has modest wrist flexion but very little extension. This was an explosive type fracture that comminuted volarly and injured the media nerve. However, he is getting decent return of this with nearly full sensation on the thumb which was not present previously. The only portion is the index finger volarly. He still has very poor sensation or no sensation there but he noted that having looked at the nerve at time of surgery this should recover and return with time, he would continue his therapy which is working well. He will keep him off work because he works in the oil field and has an extremely vigorous type job and is on full at this time.

10-21-11 EMG/NCS of the upper extremities performed by MD., showed severe median nerve entrapment/damage at the right carpal tunnel. The claimant has marked axonal involvement with only a few voluntary motor unit action potentials remaining. There is no evidence of the entrapment neuropathy or radiculopathy in the right upper extremity.

10-24-11 UR performed by MD., notes the patient underwent ORF of the distal radius on 7/23/11. As per 10/113/11 note, the patient complains of pain and inability to work secondary to dysfunction. Physical examination revealed decreased ROM, abnormal sensations, and increased strength. This request is for 12 right wrist/hand OT visits. However, the rendered number of sessions is already beyond that of the recommendations. Additional visits were not justified by identification of exceptional factors of circumstances. Moreover, the operative report that would describe the exact technique and the extent of the procedure performed was not submitted for review. Lastly, maximized pharmacotherapy was not substantiated with pain and symptom logs with medication use. At this point in time, the medical necessity of this request is not fully established.

10-25-11 Minor Emergency Center - the claimant presents for followup of the right wrist. The claimant is not able to feel his 1st-3rd digits in the right hand. The claimant is doing physical therapy 3 x a week. He is not able to rotate the right wrist. After therapy, his pain is a 4 or 5. Assessment: Distal right radius fracture and numbness. Plan: Rest, keep appointment with ortho, continue physical therapy.

10-26-11 physical therapy visit #26 notes the claimant required ORIF of the right distal radius due to open fracture where the bone exited the volar wrist, causing significant soft tissue damage on 7-23-11. The claimant sustained severe median nerve damaged caused by the injury. The claimant is still having poor muscle function due to the nerve injury.

11-10-11 UR performed by MD., notes that records indicate that there was an adverse determination of a previous review. In acknowledgment of the previous non-certification due to lack of documentation of exceptional factors, there is now documentation in the medical report dated 10/26/11, the patient presents with stiffness, pain, and swelling of the right wrist and hand. On physical examination, the patient has adhesive scar tissue volarly that is affecting the glide of the flexor pollicis longus tendon. There is also some lack of glide through the first dorsal compartment affecting thumb abduction. Right muscle testing (Grip/Pinch) is decreased compared to the left. There is mild to moderate swelling mostly on the right wrist. Range of motion is limited. The records indicate that the patient has completed 26 occupational therapy visits. However, there is no documentation of objective functional improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Furthermore, treatment has already exceeded the recommendations of PT guidelines. Therefore, the medical necessity of the request has not been substantiated.

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

THIS INJURY WAS SEVERE AND SHOULD BE ALLOWED MORE THERAPY THAN A TYPICAL FRACTURE. HOWEVER, DUE TO THE LACK OF OBJECTIVE, MEDICAL EVIDENCE OR OTHER EXTENUATING CIRCUMSTANCES THAT CLEARLY

OUTLINE WHY THERE IS NO LASTING IMPROVEMENT FROM THE PREVIOUS CARE, OR OTHER CRITERIA THAT WOULD SUPPORT THE NEED FOR ON-GOING STRUCTURED CARE, ADDITIONAL THERAPY IS UNSUPPORTED. THEREFORE, BASED ON THE RECORDS PROVIDED, OCCUPATIONAL THERAPY 2 X WK X 4 WEEKS IS NOT REASONABLE AND MEDICALLY NECESSARY.

ODG-TWC, last update 11-2-11 Occupational Disorders of the Forearm, wrist and hand – Physical therapy:

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Fracture of carpal bone (wrist) (ICD9 814):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand) (ICD9 815):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of one or more phalanges of hand (fingers) (ICD9 816):

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

Fracture of radius/ulna (forearm) (ICD9 813):

Medical treatment: 16 visits over 8 weeks

Post-surgical treatment: 16 visits over 8 weeks

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)