

SENT VIA EMAIL OR FAX ON
Jan/05/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT (97110, 97140, G0283) X 12

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

PM&R Pain Medicine

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 11/18/11, 12/08/11

Office visit note dated 05/24/06, 06/13/05, 12/07/07, 12/14/07, 02/13/08, 08/07/09, 10/21/09, 10/27/09

Surgical request form dated 02/27/08, 02/23/09

Initial evaluation dated 11/04/11

Designated doctor examination dated 10/01/08

Letter of medical necessity dated 11/22/11, 12/12/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient reports injuries to both hands, wrists and elbow secondary to cleaning heavy duty removal plaster from dental labs, using putty tool, lifting heavy bags of trash and scrubbing glue off dental cubicles and sinks. Office visit note dated 06/13/06 indicates that the patient has undergone

a right carpal tunnel release in the past. Designated doctor evaluation dated 10/01/08 indicates that surgical history is significant for carpal tunnel release in 1994. Treatment to date is noted to include x-rays, several left carpal tunnel injections and splinting. Diagnosis is bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. The patient was determined to have reached MMI as of 03/01/08 with 0% whole person impairment. The report states, "there is major symptom magnification manifested by the examinee". The patient subsequently underwent left carpal tunnel injections on 02/23/09 and 08/07/09. Follow up note dated 10/21/09 indicates that the patient has been set up for surgery several times only to have her cancel at the last minute for several reasons. Therefore, the patient was released from care by the physician and recommended to be referred to a new doctor. Initial evaluation dated 11/04/11 indicates that the patient reports constant bilateral hand, wrist and elbow pain. On physical examination deep tendon reflexes are +2 bilaterally. Sensation is within normal limits in the bilateral upper extremities. Motor strength is 4/5 in the left upper extremity. Range of motion of the right elbow is flexion 130/150, extension +5/0, supination 70/80, pronation 70/80. Range of motion of the left elbow is flexion 95/150, extension +10/0, supination 45/80, pronation 50/80. Range of motion of the right wrist is flexion 30/60, extension 20/60, ulnar deviation 30/30, radial deviation 20/20. Left wrist range of motion is flexion 30/60, extension 30/60, ulnar deviation 20/30 and radial deviation 15/20.

Initial request for physical therapy was non-certified on 11/18/11 noting that the requesting provider could not identify a specific injury from 02/22/06 to explain the current presentation. He could not explain what specific strain or sprain from 5 yrs and 8 months ago that therapy is supposed to address. There is no applicable ODG reference. The denial was upheld on appeal dated 12/08/11 noting that the appeals correspondence did not address the issues raised by the previous reviewer and had no impact on the prior non-authorization. The claimant is 5 years, 9 months status post sprain/strain injury and has received prior conservative care. The claimant was examined by a designated doctor who opined that the claimant had reached MMI with 0% impairment. There are no red-flags to substantiate the medical necessity of initiating a new course of physical therapy at this time.

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

Based on the clinical information provided, the request for PT (97110, 97140, G0283) x 12 is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained sprain/strain injuries nearly 6 years ago. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. The patient's compliance with a home exercise program is not documented. The patient underwent designated doctor evaluation on 10/01/08 and was determined to have reached maximum medical improvement as of 03/01/08 with 0% whole person impairment. The evaluating doctor noted, "there is major symptom magnification manifested by the examinee". There is also an issue of noncompliance as the submitted records indicate that the patient was scheduled for surgical intervention on multiple occasions and always cancelled at the last minute for various reasons. The patient should be instructed in and encouraged to perform an independent, self-directed home exercise program as the guidelines recommend.

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