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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
3x4 PT

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgery

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 04/03/12, 04/12/12
Handwritten physical therapy notes dated 03/28/12, 03/26/12, 03/14/12, 03/07/12, 02/29/12, 03/02/12, 01/04/12, 02/27/12, 02/24/12, 02/22/12, 02/20/12, 02/17/12, 02/15/12, 02/13/12, 02/10/12, 02/09/12, 02/08/12, 02/03/12, 02/01/12, 01/30/12, 01/27/12, 01/25/12, 01/23/12, 01/20/12, 01/18/12, 01/16/12, 01/13/10, 01/12/12, 01/11/12

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. He was ejected from a runaway truck and sustained a right humerus fracture. Physical therapy follow up note dated 03/28/12 indicates that the patient has completed 28 physical therapy visits to date. The patient reports that he hurts all the time and is losing ground. The patient is unable to sleep due to pain. Range of motion is flexion 115, abduction 85, IR 45 and ER 40 degrees.

The request for 3 x 4 PT was denied on 04/03/12 noting that ODG would support an expectation that a person could be educated on and functional in a home exercise for range of motion and strengthening after a trial of formal therapy is accomplished. ODG, ACOEM do recommend support for patients who continue to experience pain; however, it is more appropriate for the person to be given a home exercise program to increase activities in a self-directed capacity. The denial was upheld on appeal dated 04/12/12 noting that ODG recommends 18 visits over 12 weeks for this patient's diagnosis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The patient has completed 28 physical therapy visits to date. The Official Disability Guidelines support up to 18 visits of physical therapy for the patient's diagnosis, and there is

no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. There is no comprehensive assessment of the patient's objective, functional response to therapy completed to date submitted for review to establish efficacy of treatment and support additional sessions. The patient's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided. The reviewer finds that medical necessity has not been established for 3x4 PT. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)