# Core 400 LLC

**An Independent Review Organization**
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/10/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
16-24 Sessions (2-3 times a week for 8 weeks) Occupational Therapy for the Right Wrist/Hand and Elbow

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

**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 03/06/12, 03/15/12
Initial evaluation dated 03/01/12
Plan of care dated 03/01/12
Office visit note dated 03/22/12

**PATIENT CLINICAL HISTORY SUMMARY**
The patient is a female whose date of injury is xx/xx/xx. Initial evaluation dated 03/01/12 indicates that she sustained a right shoulder rotator cuff tear while moving mail crates of books with a partner at work. She had cortisone injection to the right shoulder and wrist on 01/16/12 and physical therapy x 8 sessions. On 03/22/12 she was diagnosed with full thickness supraspinatus tear as seen on MRI as well as tennis elbow, de Quervain's tenosynovitis, and carpal tunnel syndrome. The patient's main complaint is persistent radial sided wrist pain and lateral elbow pain. Her shoulder is still tender laterally over the cuff insertion. She will actively forward flex and abduct approximately 150 degrees which is improved. She still has a positive empty can test with cuff weakness and limited internal rotation. Her right wrist is especially tender over the first dorsal compartment. She has a positive Finkelstein test. There is brisk capillary refill in all fingertips with good finger motion throughout. Her elbow is very tender laterally over the epicondyle. She has pain with resisted elbow extension. She had first dorsal compartment injection.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**
The patient has completed approximately 9 sessions of physical therapy to date. The Official Disability Guidelines support up to 9 visits for the patient's diagnosis, and there is no clear

rationale provided to support exceeding this recommendation. 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. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided. The most recent physical examination submitted for review is dated 03/22/12. There are no specific, time-limited treatment goals provided. The reviewer finds there is not a medical necessity for 16-24 Sessions (2-3 times a week for 8 weeks) Occupational Therapy for the Right Wrist/Hand and Elbow

**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)**