

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X 2 total of 6 additional sessions

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

PM&R and 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Physical therapy notes dated 10/24/12-11/19/12

PT/OT preauthorization request form

Letter to whom it may concern dated 11/21/12

Utilization review determination dated 11/08/12

Utilization review determination dated 11/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was shoulder and arm. The patient was seen and diagnosed with unspecified injury to shoulder and upper arm and injury to left brachial plexus. The patient has completed 42 visits of physical therapy to date. Follow up evaluation dated 11/19/12 indicates that the patient states that overall his symptoms have increased. Patient reports a pain level of 3/10. Range of motion has remained the same. Numbness and tingling has remained the same.

Initial request for physical therapy 3 x 2 was non-certified on 11/08/12 noting that the claimant has obvious signs and symptoms of a brachial plexus injury. The claimant has been afforded an extensive course of rehabilitative therapy and he should be educated in a home exercise program. Monitored therapy will not accelerate nerve recovery, which can be several months in duration. There are no barriers to a self-directed rehab program where the claimant could prevent joint stiffness while awaiting recovery of the nerves. The denial was upheld on

appeal dated 11/30/12 noting that the patient has been treated with 42 prior PT sessions with noted continued mild remaining symptoms and pain with mild remaining decreased strength and AROM. While there has been improvement in function and mobility with prior PT, ODG would recommend transitioning to a home exercise program at this time.

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

Based on the clinical information provided, the request for PT 3 x 2 total of 6 additional sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 42 sessions of physical therapy to date. The Official Disability Guidelines support up to 14 sessions 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. Note dated 11/19/12 indicates that the patient has plateaued in therapy as numbness and tingling have remained the same. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the guidelines.

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
- 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)