

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 additional sessions of physical therapy for the left wrist and right hip

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

Board Certified Orthopedic Surgeon (Joint)

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

Utilization review determination dated 11/30/12, 12/19/12

Prospective review response dated 12/31/12

Preauthorization request form dated 11/26/12, 12/13/12

Hip/wrist evaluation dated 09/26/12, 10/19/12, 11/26/12

Soap notes dated 10/31/12, 11/02/12, 11/05/12, 11/07/12, 11/09/12, 11/12/12, 11/14/12, 11/16/12, 11/19/12, 11/20/12, 11/21/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On this date the patient fell and sustained a fracture of the left radius and ulna as well as closed fracture of the neck of the femur. The patient subsequently underwent right hip pinning and left wrist external fixation. Following a course of physical

therapy, hip/wrist re-evaluation dated 11/26/12 notes that medications are Metformin, Metoprolol and Benicar. Left wrist pain is rated as 3/10. The patient continues to have limits in pronation and wrist flexion, and decreased RMF to the right hip. The patient continues to have balance and gait issues.

Initial request for 12 additional sessions of physical therapy was non-certified on 11/30/12 noting that the patient has completed 24 therapy visits after ORIF of a hip fracture. There were no surgeon office notes provided for review to indicate the patient's current status or progress. The request for 12 more visits exceeds ODG and reflects no tapering of treatment. The patient has completed a course of physical therapy consistent with the recommendations found in the Official Disability Guidelines and should be able to continue a home based program at this stage. The denial was upheld on appeal dated 12/19/12 noting that there are no recent medical records from the requesting provider documenting the need for more formalized physical therapy versus a home exercise program. The previous reviewer's non-certification is supported. The Official Disability Guidelines Hip and Pelvis Chapter would support 24 visits of physical therapy over 10 weeks and the Forearm, Wrist and Hand Chapter would support 16 visits of physical therapy over eight weeks for the medical treatment of ulnar wrist fracture. This claimant has completed 24 visits of physical therapy and 12 more would exceed the recommended guidelines. The claimant has good strength and range of motion in the left wrist and right hip, and the claimant is ambulating with full weight-bearing. The claimant should already be educated in a home-based exercise program.

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 12 additional sessions of physical therapy for the left wrist and right hip is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 24 physical therapy visits to date. The Official Disability Guidelines support up to 24 sessions of physical therapy for the patient's femur fracture and up to 16 visits for the radius/ulna fracture, and there is no clear rationale provided to support exceeding these recommendations. There are no exceptional factors of delayed recovery documented. The patient's compliance with an active home exercise program is not documented. 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:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES