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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 additional sessions of aquatic therapy (right arm and right leg)

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

Board Certified Family 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:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 02/22/13, 03/20/13
Letter dated 04/04/13, 04/02/13, 03/12/13
Progress note dated 02/13/13, 01/03/13, 01/23/13, 01/04/13
Radiographic report dated 12/20/12
Plan of care dated 03/15/13
Office visit note dated 02/26/13, 01/29/13, 01/08/13, 12/05/12, 11/13/12, 12/14/12, 11/28/12
Re-evaluation summary/plan of care dated 12/10/12
Appeal letter dated 04/01/13
Handwritten progress note dated 03/27/13, 02/27/13, 01/10/13, 12/20/12, 12/15/12, 11/13/12, 11/01/12, 10/06/12, 09/29/12, 10/01/12, 10/03/12, 10/04/12, 10/08/12
Medication administration records dated 10/09/12
Evaluation dated 09/30/12, 09/29/12
Procedure report dated 09/23/12
Discharge report dated 10/29/12
Handwritten worker's compensation form dated 10/22/12
CT head dated 09/24/12, 09/22/12, 09/21/12, 10/11/12
Laboratory report dated 09/30/12, 10/02/12, 10/03/12, 10/04/12, 10/05/12
Insulin control record dated 09/29/12-10/09/12
MRI lumbar spine dated 02/12/13
EMG/NCV dated 03/13/13
Encounter note dated 03/13/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident and ejected from the vehicle, resulting in a right humeral fracture, right femoral fracture and right frontal hemorrhagic contusion. The patient underwent ORIF of right comminuted diaphyseal femur fracture and right comminuted diaphyseal humerus fracture on 09/23/12. Office visit note dated 11/13/12 indicates that right shoulder active abduction is 45 degrees and passive abduction is 140 degrees. The patient subsequently underwent right rotator cuff repair, hardware removal and manipulation under anesthesia on 11/30/12. Re-evaluation dated 12/10/12 indicates that right knee range of motion is -3 to 125 degrees. Shoulder AROM is flexion 30, extension 0, abduction 10, adduction 0 degrees. Progress note dated 02/13/13 indicates that right hip, right knee and right elbow pain is rated as 0/10. Right shoulder pain is 2/10. Elbow range of motion is 0-150 degrees bilaterally (unchanged). Strength is rated as 3+/5 throughout the right upper extremity (unchanged). Right knee range of motion is 0-135 degrees (unchanged). Right knee strength has improved from 4-/5 to 4/5. Right shoulder range of motion has increased in flexion from 85 to 91, extension 10 to 15, abduction 45 to 62, adduction 5 to 15, IR 50 to 55 and ER 15 to 40 degrees.

EMG/NCV dated 03/13/13 revealed electrodiagnostic evidence of a right median mononeuropathy. There is also a finding of a slightly delayed sural nerve latency. There was no evidence to suggest a cervical or lumbar radiculopathy. The patient has completed approximately 48 therapy visits to date.

Initial request for 18 additional sessions of aquatic therapy was non-certified on 02/22/13 noting that the claimant has already participated in 48 aquatic therapy/physical therapy sessions to date. The medical records indicate the claimant is well-versed in a self-directed home-based exercise program. There is no documentation of significant weightbearing restrictions at this time that warrant the medical necessity of aquatic physical therapy. Treatment guidelines would only support ongoing aquatic physical therapy for individuals with weightbearing restrictions. Postoperative therapy for the femur would be supported for up to 30 visits, which has already been exceeded. At this time, the physical examination findings do not support the medical necessity of ongoing aquatic therapy consisting of 18 additional sessions, particularly when there has not been significant gains with treatment in the past. The denial was upheld on appeal dated 03/20/13 noting that detailed response of these PT visits in terms of functional improvement was not specified in the records provided. A need for decreased weightbearing is also not specified in the records provided. There is no evidence of extreme obesity in the patient. There is no evidence of a failure of land-based physical therapy that is specified in the records provided.

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

The patient underwent ORIF of right comminuted diaphyseal femur fracture and right comminuted diaphyseal humerus fracture on 09/23/12, as well as right rotator cuff repair, hardware removal and manipulation under anesthesia on 11/30/12. The patient has completed at least 48 postoperative therapy visits to date. The Official Disability Guidelines support up to 30 visits for fracture of femur, 30 visits for fracture of humerus and 24 visit for postoperative right shoulder. There are no exceptional factors of delayed recovery documented to support continuing to exceed these recommendations. The patient is noted to be well-versed in a home exercise program. There is no documented need for decreased weightbearing to support aquatic therapy at this time. 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. As such, it is the opinion of the reviewer that the request for 18 additional sessions of aquatic therapy (right arm and right leg) is not recommended as medically necessary.

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)