

IRO REVIEWER REPORT - WC



Claims Eval

Notice of Independent Review Decision

August 30, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pt 3xWk x 4Wks right wrist 97110 97112 97140 97530

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

American Board of Orthopaedic Surgery

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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- 3-10-13 Physical therapy prescription for evaluation and treatment.
- 4-15-13 Physical therapy evaluation.
- 5-8-13 Physical therapy progress encounter - 6 visits.
- 5-13-13 Physical therapy progress encounter - 7 visits.
- 7-25-13, performed a UR.
- 8-7-13, performed a UR.

PATIENT CLINICAL HISTORY [SUMMARY]:

3-10-13 Physical therapy prescription for evaluation and treatment. Diagnosis: Right wrist sprain unresolved.

4-15-13 Physical therapy evaluation. The claimant complains of right wrist/hand pain and stiffness. The claimant was injured at work on xx/xx/xx and has been referred to physical therapy. The claimant is working modified duties. The claimant has pain and limitations with the right wrist. He requires physical therapy. The claimant will be seen 3 x 4 weeks for evaluation and treatment.

5-8-13 Physical therapy progress encounter - 6 visits.

5-13-13 Physical therapy progress encounter - 7 visits.

7-25-13, performed a UR. Non certification for physical therapy. He discussed this case. The claimant is a male, who was injured on xx/xx/xx, in a fall. The claimant was diagnosed with a sprain of the right wrist. Treatment had been conservative with splinting and participation in physical therapy. The claimant had reportedly taken part in at least seven physical therapy sessions to date. A physical therapy evaluation on April 15, 2013, documented flexion of the wrist to 15 degrees and extension of the wrist to 10 degrees. Strength testing in the right upper extremity was graded at 3-15. Following completion of physical therapy the claimant reported unresolved subjective complaints of wrist pain. A physical therapy reevaluation on July 17, 2013, documented range of motion of the right wrist with flexion to 20 degrees and extension to 55 degrees. Radial deviation was to 10 degrees and ulnar deviation was to 25 degrees. Strength in the right wrist was 2-15. The clinician requested 12 additional physical therapy sessions to the right wrist. The guidelines would support up to nine physical therapy sessions for a sprain/strain of the wrist. The claimant has already undergone seven physical therapy sessions. Physical therapy is supported for a time frame of eight weeks following the injury. The

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claimant is substantially far out from the injury and should be well versed in a home exercise program. Significant gains were not documented with previous physical therapy other than extension which improved from 10 to 55 degrees (or it may have improved to 55 degrees with a home exercise program). The request for physical therapy three times a week for four weeks to the right wrist (four units per session) is not certified.

Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not certified.

8-7-13, performed a UR. Non certification for physical therapy 3 x 4 weeks. The claimant is a male who was injured on xx/xx/xx due to a fall. He is diagnosed with a sprain of the right wrist. An appeal request is made for 12 physical therapy visits (four units per session) for the right wrist. As per PT progress report dated 5/13/13, he has completed seven physical therapy visits. In the most recent medical report dated 7/17/13, the patient is noted to have right wrist/hand pain and stiffness. He reports that after physical therapy, he continues to have pain that is unresolved. He also complains of aching, numbness, and tingling in the second, third, and fourth fingers on the right hand that is worse in the morning. On physical examination, he is very tender and there is significant muscle guarding and spasm in the wrist flexors/extensors, radial/ulnar deviators, and pronators (supinators with palpation). Right wrist active range of motion is as follows (compared to initial values on 4/15/13): flexion of 20/80 degrees (15/80 degrees), extension of 55/70 degrees (10/70 degrees), radial deviation of 10/50 degrees, and ulnar deviation of 25/30 degrees. Right wrist strength is at 2-15 compared to 3-15 on 4/15/13. Aside from physical therapy, the patient has been prescribed anti-inflammatories and pain medication, and he uses a wrist splint. The initial request for additional physical therapy visits was made and denied on 7/25/13 because significant gains were not documented with previous sessions. The decision is being appealed. The number of requested visits on top of the previous therapy sessions is deemed in excess of the recommendation of the referenced guidelines. Exceptional factors are not noted to validate the need for further visits. The latest medical report dated 7/17/13 indicates that the patient did not have a significant improvement from the previous therapy visits. With a substantial number of sessions provided and the patient is not improved, factors of prolonged or delayed recovery should be identified and addressed rather than pursuing a continued therapy that provides no complete benefit. In agreement with the previous determination, the medical necessity of the request has not been established/ substantiated. stated that he would re-evaluate the patient and concurred with determination. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not certified.

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

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Medical records reflect a claimant with a strain to the right wrist. He has been treated conservatively. He has undergone physical therapy x 7 sessions. Physical therapy notes reflects the claimant has 3-8/10 pain. There has not been significant documentation of improvement with physical therapy provided. ODG supports up to 9 physical therapy sessions for strain injuries. There is no indication as to why the additional physical therapy 3 x 4 weeks has been requested. There is not any documented extenuating circumstances to support exceeding ODG guidelines for additional physical therapy. Therefore, the request for Pt 3xWk x 4Wks right wrist 97110 97112 97140 97530 is not reasonable or medically necessary.

Per ODG 2013 Physical therapy:

Sprains and strains of wrist and hand (ICD9 842):
9 visits over 8 weeks

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)**