



Notice of Independent Review Decision - WC

DATE OF REVIEW:

09/04/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OT 2 x 8 Left Hand

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

Board Certified in Orthopedic 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 or not medical necessity exists for each of the health care services in dispute.

OT 2 x 8 Left Hand – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Plan of Care, 07/02/13
- Prescription, 07/03/13
- Denial Letters, 07/12/13, 08/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a crushing injury of the fingers. Records indicate surgery was performed on 01/10/13. A therapy plan of care dated 07/02/13 showed the claimant had completed 8 visits

but still had decreased active range of motion in the digits of the left hand, resulting in limitation in the ability to grasp small objects. Manipulation of small objects was challenging. It was noted the claimant was ready to advance in the program as needed to achieve as much digit range of motion as possible. Re-evaluation indicated an increase in grip strength and modest increase in range of motion. Passive range of motion remained greater than active range of motion. With authorization, it was felt that additional therapy would continue to work toward achieving established goals. Additional occupational therapy two times per week for eight weeks was requested.

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

After review of the prior two Peer Reviews, the concern noted that at this late date, the claimant should be expected to have the ability to perform a self-directed home exercise program as he had access to an appropriate program of conservative treatment is medically valid and at this time, the current records received for review do not reflect physical examination findings nor medical rationale supporting the need for continued physical therapy versus transitioning to a self-directed home exercise program, and there was not medical rationale offered that indicated the claimant could not perform home exercises.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**