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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of right wrist post op occupational therapy at 3 times a week for 4 weeks

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

PM&R

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is not described. The patient sustained a right distal radius fracture and subsequently underwent open reduction internal fixation followed by at least 11 postoperative physical therapy visits. Follow up note dated 05/20/14 indicates that active wrist range of motion is extension 60, flexion 60, ulnar deviation 35, radial deviation 25, pronation 65 and supination 70 degrees. Pain is intermittent. Edema is minimal and limited to the distal forearm. She can make a full fist and oppose her thumb to the base of the small finger. Grip strength is 25 pounds. Follow up note dated 05/29/14 indicates that the patient is neurovascularly intact. The wound is healed. There is full range of motion of all digits of the hand, including the thumb. X-rays show the fracture is healed in excellent position.

Initial request for 12 sessions of right wrist post op occupational therapy at 3 times a week for 4 weeks was non-certified on 06/02/14 noting that the requested amount of physical therapy would exceed the amount supported per criteria. The denial was upheld on appeal dated 06/30/14 noting that there is no clinical note from the clinician as to the necessity for ongoing structured physical therapy. The physical therapy note indicated the claimant was progressing well and was performing a home exercise program. Records do not reflect the clinical necessity of ongoing formal therapy versus an aggressive home exercise program.

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

The patient underwent ORIF right distal radius fracture and has completed at least 11 postoperative physical therapy visits. The Official Disability Guidelines support up to 16 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery 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 such, it is the opinion of the reviewer that the request for 12 sessions of right wrist post op occupational therapy at 3 times a week for 4 weeks is not recommended as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES