

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: January 7, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal Occupational Therapy 2xWk x 4Wks Left Radial Nerve 9710 97112 97140
97004, Appeal Left radial Nerve Custom Splint L3940 L3916

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

This physician is Board Certified in Orthopaedic Surgery with over 15 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whom was injured while on the job on xx/xx/xx. He was stepping over a metal pipe approximately 2 foot with the right foot and then the left foot when he didn't clear the pipe and scooted along top, causing him to fall. He tried to catch himself with the left arm and felt a sharp snap. HE was treated at Good Shepherd Longview Medical Center ER where he was diagnosed with a mid-shaft humeral fracture. He was treated with an upper arm stirrup splint and sling and advised to follow up with Occupational Medicine Clinic for referral to orthopedics. He described some lateral numbness on his left arm and a tingling sensation, pain rated at 10/10.

05-19-14: Office Visit dictated. Objective: Left arm supported in a shoulder sling and stirrup splint to his upper arm, demonstrating fair grip with left hand. Attempting firmer grip causes significant discomfort in his upper arm. Left

shoulder is notably tender to palpation at the AC joint. Any attempt to move the elbow at all causes significant increase in upper arm pain. Both knees show evidence of mild effusion with abrasions anteriorly over both patella. Mild discomfort with range of motion. Mild tenderness to palpation of the bilateral patella. Radiographic three view x-ray of the left humerus significant for what appears to be a five part spiral fracture with two significant butterfly fragments and a smaller medial fragment. There was no transaxillary or lateral view done of the humeral head. Three view x-ray bilateral knees positive for degenerative changes. Assessment: 1. Fracture left proximal humerus, 2. Contusion left shoulder, 3. Abrasion/contusion bilateral knees. Plan: 1. Discussed etiology of his humeral fracture and likely treatment options, 2. Sling adjusted and he will remain in his present humeral splint and sling, 3. Prescription Norco 10/325 ½-2 Q6hr PRN pain, 4. Discussed use of recliner vs. bed for night rest, 5. Ortho referral submitted, 6. TWC #73 form completed for return to work with significant restriction. No use of left arm. Unable to drive taking prescription medications. Medications may make him drowsy. 7. F/U with Occupational Medicine on 5/30/14 or later as is appropriate depending upon orthopedic scheduling. Call/return to clinic. Discharge instructions given.

05-20-14: Consultation dictated. Reason for consult: left humeral fracture, closed fracture. Claimant is tolerating splint well. He was not interested in having any further treatment, in particular surgical fixation as the nonsurgical management of humerus fracture had already been initiated. On exam, the claimant has a well-placed splint. Neurovascular appears to be intact, in particular the radial nerve. X-rays show comminuted mid 3rd humerus fracture. The claimant's comorbidities include, but are not limited to obesity, COPD, DM, HTN, s/p AFIB, and sleep apnea. We reviewed the claimant management options, and feel we have very little to gain by internal fixation of this fracture as it is unacceptable alignment and in view of the medical comorbidities, he stands a high risk of medical complications and this also includes complications to the hardware resulting in loss of fixation and infection, osteomyelitis, which could also lead to loss of limb. We reviewed management closed and he will f/u in office within 10 days.

06-03-14: Office Note dictated. Claimant seen for mid third comminuted humerus fracture. HE has multiple medical issues and is high risk for surgery, even though the fracture is not clinically in perfect alignment. It is certainly in acceptable alignment, in view of his body habitus and his medical issues. We reviewed this and recommend Sarmiento humeral bracing. He understands that if this fracture goes on to a delayed union or non-union, he may require a reconstructive procedure and we would refer him to a trauma specialist.

06-03-14: Patient Notes dictated. Assessment: claimant measured today for Sarmiento fracture brace with two fracture sock. Claimant measured for Sarmiento fracture brace left will order and fit upon arrival. Will require a left style # HFB-OS-400 X-large with 2 fracture socks.

06-03-14: Prescription for Humeral Fracture Brace. Appliance: Humeral fracture brace. Diagnosis: LT humerus fracture; Amount of use: all the time; Estimated length of need: 3 months.

06-16-14: Office Note. Claimant has been fitted for his functional humeral brace and it is in good position. He is feeling some callus forming, as he noted that there is a hard spot along the lateral arm. More notably, he has clinically definite radial nerve palsy, which has been present since time of the injury. This is associated with his work related injury. Due to the fact that it is a mid-third humerus, most likely a radial nerve neuropraxia, this may have to be evaluated in the future with neurologic testing. In the meantime, we will recommend occupational therapy and a splint to address the wrist drop, as he has no extensor function of his digits or his wrist extensors. F/U as directed for x-rays next month.

06-16-14: Evaluate and Treat. Occupational Therapy, Evaluate and Treat: Hand therapy. Bracing /Splinting/Orthotics: splint for radial nerve. Frequency: TIW, duration: 4 weeks.

06-30-14: Initial Evaluation. CC: pain along the mid humerus with ROM. Decreased active forearm supination, and wrist and digit extension due to radial nerve palsy. Pain to left humerus current: 3-4/10, worst is he moves it wrong. Functional Status: gripping: severe limitations; working: severe limitations. Claimant is not currently working. Objective: Claimant is wearing his humeral fracture splint on the left UE. AROM: elbow flexion-15 degrees; elbow extension-10 degrees; supination-to neutral; pronation-WNL; wrist flexion-40 degrees; wrist extension-to neutral; finger flexion-WNL; finger extension-unable from MP joints. PROM: elbow flexion-80 degrees; elbow extension-10 degrees; supination-30 degrees; pronation-WNL; wrist flexion-WNL; wrist extension-40 degrees; finger flexion-WNL; finger extension-WNL. Neuro: Sensation: intact to light touch. Hand Dynamometer: position 2: R 52 lbs, L 22 lbs. Palpation: mild crepitus noted along the mid humerus with elbow flexion/extension. No tenderness with palpation from the elbow to the digits. Assessment: Claimant presented today 6 weeks s/p left mid humeral shaft fracture causing radial nerve palsy. Claimant evaluated today for the left radial nerve palsy. Fabricated a static wrist cock up splint for the left hand to prevent wrist drop and increase ROM. Claimant educated on how to don and doff splint, wearing schedule and precautions and issued hand out. Claimant rated pain level in the humerus at a 3-4/10 currently. Claimant is right hand dominant and presented with radial nerve palsy effecting supinators, wrist and finger extensors. He will benefit from skilled OT services for neuromuscular re-education for the radial nerve as well as to increase strength and ROM of the muscles that weren't effective to increase functional use of the left UE. Problem List: decreased sensation in the left hand, decrease participation in work related activities, pain limits functional activities, and decreased strength limiting functional activities. Treatment Plan: Recommend skilled occupational therapy 2 times a week for 8 weeks, with treatments to consist of: 97010 heat to increase blood circulation for preparation for exercise, 97140 soft tissue mobs to decrease scar adhesions and increase joint mobility, 97110 Therapeutic Exercise in increase ROM, strength and endurance, 97112

Neuromuscular re-education, 97004 OT Re-evaluation to reassess claimant.
Initial Treatment: Patient education – Initial evaluation; Issued HEP; Fabricated splint patient educated on skin precautions and wearing schedule.

07-01-14: Office Note. Claimant is doing well. He has been fitted for his braces, including his cock-up splint. He has a small amount of extensor function of the index finger today, whereas he did not previously. Otherwise, he is minimally symptomatic. His swelling is greatly diminished. X-rays: maintained position and early bridging callus. He will continue brace treatment and no work until next visit. The claimant will return for recheck in 6 weeks.

07-07-14: Notification of Medical Necessity: Occupational Therapy 2x Wk x 8Wks Left Radial Nerve 97110 97112 97140 97004. Start date: 07/07/14, end date: 09/05/14, Amount: 16 OT sessions.

08-12-14: Office Note. Claimant has had decreasing pain and symptoms in his humerus. He still has some issues with occasional sharp pain at the fracture area, but otherwise no motion and no clicking. He is comfortable in his humeral fracture brace. He does have a little bit more extension in his fingers, but still has his wrist drop. Recommend continued observation. X-rays show good continuing callus. Return for recheck in 6 weeks with x-rays of the mid humerus.

08-28-14: Progress Note. Claimant stated that he is using the left hand more than he was, still needed assist with toilet hygiene, but can use his left hand to cut meat. Pain 2/10 to left humerus, worst 3-5/10 along humerus; left elbow to the digits pain 0/10, worst 6-7/10 palpation along the supinator. Assessment: Claimant has attended 6 out of 6 treatment sessions since his last reassessment with treatment focus on increasing functional use of the left finger and wrist extensors and supinators and increasing strength. Claimant has made continued progress towards his goals indicating healing of the radial nerve. Claimant rated pain level in the humerus area at 3-5/10 described as a "toothache". He stated the discomfort depends on the motion he is doing with his arm. Claimant has developed a pain along the dorsal proximal forearm supinator area that is tender to touch rating this pain at 6-7/10. AROM in the left elbow, forearm and wrist has not changed much since last reassessment, but claimant is demonstrating increased strength by tolerated a 1 lb weight for the elbow, forearm and wrist musculature. Claimant is now able to RD his wrist 15 degrees. Claimant is 6 cm from full thumb composite extension compared extension compared to the right. Claimant is able to hold his wrist in neutral better allowing him to use the left hand better in daily activities such as cutting up meat, dressing self and administering his insulin. Maximum left grip strength today was 27 lbs. Claimant reported he is using the left hand more to pick up small objects but can't if the object is large due to lack of active finger extension. Claimant stated he is able to manage his clothes better but sometimes this causes increased pain in the humeral area. Overall good progress with regeneration of the radial nerve. Recommending continued therapy for further progress in the left UE. Treatment Plan: Recommend continued skilled occupational therapy 2 times a week for 4 weeks with treatment to consist of: 97010 heat to increase blood circulation for

preparation for exercise, 97140 soft tissue mobs to decrease scar adhesions and increase joint mobility, 97110 therapeutic exercises to increase ROM, strength and endurance, 97112 neuromuscular re-education, 97004 OR re-evaluation to reassess claimant.

09-03-14: Utilization Review Referral. Pre-certification Request: OT 2 x week/4 weeks; 8 treatments for 1 month.

09-08-14: Notification of Medical Necessity/Unresolved Dispute at Coventry Workers' Comp Services. Denial Rationale: TMI Company disputes compensability of hypertension. The compensable injury of 5/15/14 is neither a producing cause of current symptoms nor an aggravation of hypertension. "Final adjudication" means the Commissioner has issued a final decision or order that is no longer subject to appeal by either party.

09-24-14: Office Note. Claimant is improving, with improved motion of his arm and less symptoms at the humeral fracture site with only aching, but no severe pain. PE: Clinically, he has palpable callus. This was confirmed and documented on x-ray with good bridging callus and no signs at this time of a non-union. Regarding his neuropraxia with wrist drop, he has fairly good strength of his wrist dorsiflexion and full index finger extension, but still weak in his third, fourth and fifth digits. Recommendation: Because of this persistence, recommend as EMG to update the progression of his radial neuropraxia.

10-06-14: Progress Note. Assessment: Claimant has attended 8 out of 8 sessions since his last reassessment on 08/28/14 with treatment focus on increasing functional use of the left finger and wrist extensors and supinators and increasing strength. Claimant has made minimal progress towards his goals this past month. Claimant is having more discomfort along the distal humerus with elbow flexion. He also continued to have discomfort with palpation along the dorsal proximal forearm supinator area. Claimant actively flexed the left elbow to 92 degrees today. HE could go father but the humeral brace prevents further motion. He supinated to forearm to 50 degrees; a 10 degree improvement. Claimant extended to the wrist to only 30 degrees today compared to 45 degrees last assessment and he was not able to extend the thumb as far as last assessment. No change with RD/UD or with finger extension or with grip strength this assessment period. Claimant reported he is using the left hand more to pick up objects and if can't get his hands around it then he makes it using the right hand. Claimant stated recommended an EMG test on the radial nerve last visit and he is waiting authorization. Due to minimal progress with finger and wrist extension, recommended further evaluation of the radial nerve. Treatment Plan: Recommend further evaluation of the radial nerve due to claimant making minimal progress towards his goals this past month.

10-06-14: Case Summary Report. Comments: This claimant's claim is in the; per this network's regulations, initial Needle EMG/NCV does not require pre-authorization, however if the claimant has had an EMG then this will require pre-auth.

10-10-14: Office Visit. EMG Summary: Impression: 1. Claimant with a left radial neuropathy; could not get a response to the nerve above the elbow. 2. Claimant showed mild left carpal tunnel syndrome. 3. Claimant showed the beginning of a sensory neuropathy involving the upper extremities most likely secondary to his diabetes.

11-04-14: Office Note. Claimant's main complaint is still weakness of extension, especially of his digits. His wrist drop is improving and is able to bring his wrist to the neutral position. His humeral fracture is also minimally symptomatic. X-rays: good callus. Recommendation: We recommended discontinuing his fracture brace, but he would benefit from occupational therapy, both for beginning shoulder strengthening, as well as evaluation of his radial nerve palsy. He will need a new splint to hold digits in extension. Return for recheck in 6 weeks.

11-04-14: Evaluate & Treat. Evaluate & Treat: wrist/hand splint long enough to hold fingers in extension Lt side.

11-05-14: Utilization Review Referral. Precertification Request: OT 2x weeks/4 weeks, number of treatments: 8, 1 month. Miscellaneous Information: Claimant has completed 25 OT sessions. His doctor has ordered a custom splint and additional therapy L3940 L3916.

11-07-14: Progress Note. Assessment: Claimant presented today approximately 6 months s/p left humeral fracture resulting in radial nerve palsy. Claimant recently had the Sarmiental Brace removed and now has orders to evaluate and treat the left shoulder and to fabricate a radial nerve palsy brace for the left fingers and wrist. Claimant reported 2/10 pain in the left shoulder with no movement and stated the pain in the shoulder increased to a 4/10 with movement. Claimant reported he has not noticed much change with left wrist or digit extension since his last therapy session on 10/6/2014. The supine position, claimant demonstrated active shoulder flexion to 90 degrees, abduction to 55 degrees and is 3 degrees from neutral with ER. Passively in the supine position, claimant tolerated flexion to 106 degrees, abduction to 85 degrees and ER to 25 degrees. With IR reach behind the back, claimant is 4 and ½ cm away compared to the right UE. At the elbow, claimant demonstrated 128 degrees elbow flexion and 5 degrees extension. He can supinate to 40 degrees and demonstrated full forearm pronation. Claimant demonstrated 35 degrees wrist extension and 55 degree flexion. He can extend the thumb to ½ to ¾ range and digits to ½ to ¾ range. Maximum left grip strength today was 39 lbs compared to the right at 54 lbs. Claimant was issued a HEP for the left shoulder to increase active and passive ROM. Claimant VU and demonstrated all exercises. Claimant was also fabricated a radial nerve palsy splint for the left hand/wrist. Claimant was instructed on wearing schedule, how to don and doff the splint and skin precautions to look for. Claimant verbalized understanding. Claimant will benefit from the continued occupational therapy services to increase left shoulder ROM and strength to increase functional use fo the left hand and wrist in order to return

to work. Treatment Plan: Recommend OT to begin treatment for the left proximal humerus fracture and continue for the left radial nerve palsy.

11-11-14: UR. Reason for denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The claimant is a 68-year-old male with a reported date on injury on 05/15/2014. The mechanism of injury reportedly occurred when the claimant tripped over a pipe, sustaining a fracture of the left humerus and radial nerve injury. Current medications, surgical history, and diagnostic studies were not provided. Other therapies were noted to include 25 physical therapy sessions to date. The clinical note dated 11/04/2014 indicates the physician is requesting a wrist/hand splint long enough to hold fingers in extension. The ODG recommend physical therapy at 18 visits over 12 weeks. The ODG state that there are some positive results seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. The clinical information provided for review lacks documentation related to the claimant's functional deficits. The clinical information indicates the claimant previously completed 25 occupational therapy visits. There is lack of documentation related to the therapeutic and functional benefit of the previous sessions. The guidelines recommend 18 visits. The request for an additional 8 visits on top of the 25 occupational therapy visits exceeds the recommended guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In addition, there is a lack of documentation related to previous conservative care related to the treatment of the wrist prior to injury dated 05/15/2014. There is a lack of documentation related to the ongoing need for radial nerve custom splint. As such, the request for Occupational Therapy 2xWk x 4Wks Left Radial Nerve 9710 97112 97140 97004/Left Radial Nerve Custom Splint L3916 is non-certified. Additional information received to include documentation dated 10/10/2014 and 11/04/2014. The claimant presented with continued weakness of digit extension. The clinical information indicated the claimant's wrist drop is improving and has the ability to bring the wrist to neutral position. The physical recommended discontinuing his fracture brace, and requests occupational therapy, for shoulder strengthening and the evaluation of the claimant's radial nerve palsy. The additional clinical information did not provided exceptional factors to continue the occupational therapy beyond the recommended guidelines. There continues to be a lack of documentation related to the ongoing need for radial nerve custom splint. Therefore, the request remains non-certified.

11-11-14: Utilization Review Referral. Precertification Request: OT 3x4 and L3940 and L3960; number of treatments: 12, 1 month. Miscellaneous Information: The claimant is now working on the upper humeral area which was not treated due to him wearing a humerus brace. The doctor is now ready for the

claimant to proceed with that area and he wants him to wear the custom radial brace.

12-02-14: UR. Reason for denial: The ODG recommend up to 24 visits over 14 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the claimant is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for occupational therapy 2 x a week x 4 weeks for the left radial nerve/left radial nerve custom splint, L3940 and L3916 has not been established. Recommend non-certification.

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

Eight additional sessions of occupational therapy and a radial nerve custom splint are not medically necessary for this claimant. The claimant is recovering from a radial nerve palsy associated with a humeral shaft fracture. According to the November 2014 office note, the patient had 35 degrees of wrist extension, and finger extension up to ¾ range. The Official Disability Guidelines (ODG) supports 18 sessions of physical therapy over 12 weeks in the non-operative treatment of a humeral shaft fracture. Additional therapy would be considered within the standard of care when there is an unusual circumstance, such as an associated nerve injury. The claimant has demonstrated recovery of his radial nerve function. Over two months have passed since the November 2014 examination. During these two months, the patient may have fully recovered from his nerve palsy. An up-to-date evaluation is required to document the claimant's current radial nerve function. If he currently has persistent weakness and functional deficit, additional therapy and a splint may be considered. The current medical necessity for the therapy and splint are not clear based on the records reviewed. The claimant also has pain and weakness in the shoulder. A shoulder MRI would be recommended before any additional therapy for the shoulder is considered. There is inadequate documentation to support additional therapy and a custom splint for this patient at the present time. Therefore, after reviewing the medical records and documentation provided, the previous adverse determinations are upheld and agreed upon for the request Appeal Occupational Therapy 2xWk x 4Wks Left Radial Nerve 9710 97112 97140 97004, Appeal Left radial Nerve Custom Splint L3940 L3916; denied.

Per ODG:

Physical therapy	ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG
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	Preface. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks Post-surgical treatment: 24 visits over 14 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)