**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

**DATE OF REVIEW:** 09/29/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Occupational Therapy 2 x week/4 weeks - 8 sessions

**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:**

- Occupational Therapy 2 x week/4 weeks - 8 sessions - Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The open reduction internal fixation of the left wrist after sustaining a fall on xx/xx/xx.

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

The ODG indicates that for a fracture of the distal radius, post treatment would include 16 visits of physical therapy or Occupational Therapy over 8 weeks. Records received for review indicate the claimant has attended approximately 9 visits of OT visits to date. As the injured worker

continues to demonstrate persistence of pain, weakness, swelling and stiffness, she would be a candidate for the additional ODG recommended sessions of Occupational Therapy to complete the guidelines recommendation of 16 visits.

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

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**