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DATE: March 15, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 additional visits of Occupational Therapy, Body Part: Right Upper Extremity

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

The reviewer is Board Certified in Physical Medicine and Rehabilitation with over 16 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 who was involved in a rollover accident on XX/XX/XX. He sustained a complex elbow dislocation on the right. He was placed in an internal fixator and external fixator.

XX/XX/XX: Clinic Note. On physical examination it was noted the external fixator bars were removed. He began some gentle range of motion exercises during the examination and he tolerated that well. His left shoulder revealed the prominent area near the acromioclavicular joint, however, this was without significant tenderness to palpation and he had excellent range of motion of his left shoulder and was able to frontal flex to approximately 120 degrees without difficulties. X-ray films were taken and revealed that he had hardware of pins to the external fixator that were well positioned. His joint remained adequately aligned. Plan: Being gentle motion exercises.

XX/XX/XX: Clinic Note. On physical examination he had great ROM and was lacking about 10 degrees from full extension. He had got 95 degrees to 100 degrees of flexion. X-rays showed the maintenance of the fracture being well aligned. Plan: Continue working on ROM exercises and start PT.

XX/XX/XX: Clinic Note. It was reported that the claimant had been working on ROM himself and that the therapist had not been working on the motion for some reason. On exam, his ROM was about 10-100. It was stable. X-rays of the elbow showed the elbow was well maintained and in good alignment. Plan: Aggressive ROM of his elbow over the next two weeks with a fixator in place.

XX/XX/XX: Clinic Note. Plans were to remove the external fixator, however, during removal; the claimant noted extreme pain and was not able to proceed with the procedure. Plan: claimant will go to the operating room on XX for internal fixator pin removal.

XX/XX/XX: Recertification & Updated Plan of Treatment for Certification Period of : XX/XX/XX-XX/XX/XX. Right elbow flexion was at 100 degrees, elbow extension was at -35 and 145 degrees. It was reported the patient was demonstrating positive responses to the corrective stimulation being delivered with noted gains in ROM, UE muscle performance and grooming/hygiene skills with related improvements in functional mobility during self care tasks enhancing his ability to achieve PLOF. Clinical Impression: Skilled OT is requires as the pts remaining deficits are presenting at a level of severity that requires the sophistication of a qualified therapist to advance the pt through a series of interventions with the OT analyzing pt response to Tx and modify the program as necessary to ensure the effectiveness of the plan of care allowing the pt to achieve recovery to PLOF at independent within a projected time frame.

XX/XX/XX: Recertification & Updated Plan of Treatment for Certification Period of: XX/XX/XX-XX/XX/XX. This PT focused on the lower extremity injury.

XX/XX/XX: Recertification & Updated Plan of Treatment for Certification Period of: XX/XX/XX-XX/XX/XX. Clinical Impression: Skilled OT is requires as the pts remaining deficits are presenting at a level of severity that requires the sophistication of a qualified therapist to advance the pt through a series of interventions with the OT analyzing pt response to and modify the program as necessary to ensure the effectiveness of the plan of care allowing the pt to achieve recovery to PLOF at independent within a projected time frame.

XX/XX/XX: Office Visit for dizziness, vertigo and vision changes.

XX/XX/XX: UR. Rationale: Based on Official Disability Guidelines, twelve additional sessions of physical therapy for the claimant's diagnosis of fracture to the elbow would not be indicated. Guideline criteria would support up to 24 visits over fourteen weeks for fracture of the humerus. Given physical and occupational therapy having been utilized over 38 sessions since the time of surgery, twelve additional sessions would not be indicated. This is taking into account the claimant's updated occupation therapy clinical findings including no clear documentation of significant motion deficit for which the claimant is continuing to improve. It would be unclear as to why transition to a home exercise program would not be more appropriate at this subacute stage from the surgical process, particularly given the number of therapy sessions utilized to date.

XX/XX/XX: UR. Rationale: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference above, this request is non-certified. Based on the clinical information provided, the appeal request for 12 additional visits Occupation Therapy Body part: Right Upper Extremity is not recommended as medically necessary. The initial request was non-certified noting that the patient has completed 38 OT sessions, current OT report shows minimal improvement. There is no recent MD script or MD notes recommending additional OT, just therapist notes. There is insufficient information to support a change in determination, and the previous non-certification is upheld. Current evidence based guidelines support up to 24 session of occupational 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-direct home exercise program.

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

Determination: denial of 12 additional visits of Occupation Therapy, Body part: Right upper extremity is UPHELD/AGREED WITH since review of the provided records show that the claimant has already received the over 38 sessions of physical therapy/occupational therapy since the time of surgery. ODG supports up to 10 visits over 9 weeks for an unstable elbow dislocation, post-surgical treatment and up to 24 visits over 14 weeks for post-surgical treatment of a fractured humerus. Therefore the request for 12 additional visits would exceed the recommended amount. There is no documented rationale to support exceeding ODG recommendation.

PER ODG:

ODG Physical Therapy Guidelines –

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

Sprains and strains of elbow and forearm:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

Lateral epicondylitis/Tennis elbow:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Medial epicondylitis/Golfers' elbow:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Enthesopathy of elbow region:

Medical treatment: 8 visits over 5 weeks

Post-surgical treatment: 12 visits over 12 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome:

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Olecranon bursitis:

Medical treatment: 8 visits over 4 weeks

Dislocation of elbow:

Stable dislocation: 6 visits over 2 weeks

Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks

Fracture of radius/ulna:

Post-surgical treatment: 16 visits over 8 weeks

Fracture of humerus:

Medical treatment: 18 visits over 12 weeks

Post-surgical treatment: 24 visits over 14 weeks

Ill-defined fractures of upper limb:

8 visits over 10 weeks

Arthropathy, unspecified:

Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks

Rupture of biceps tendon:

Post-surgical treatment: 24 visits over 16 weeks

Traumatic amputation of arm:

Post-replantation surgery: 48 visits over 26 weeks

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)**