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[Date notice sent to all parties]:

05/05/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: continued progressive PT for to facilitate range of motion, function and strength

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] 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 patient is a male whose date of injury is XX/XX/XX. The patient reports that he was working when his shirt caught on fire. He suffered 17% TBS burns and underwent skin graft. Initial evaluation dated XX/XX/XX indicates that the patient presents secondary to weakness, stiffness and decreased mobility following 3rd degree burns to the left upper extremity and abdomen. He has developed contractures of the left shoulder. Progress note dated XX/XX/XX indicates that the top of the graft site on the anterior chest wall remains tender to palpation and irritated from the compression garment. Patient progress note dated XX/XX/XX indicates that left shoulder range of motion is flexion 99, extension 35, abduction 81, ER 75 and IR 70 degrees. Strength is rated as 3+/5. Office visit note dated XX/XX/XX indicates that current medications are Aspir-81, Benadryl, Cetirizine, gas relief, metoprolol and tramadol. On physical examination left shoulder range of motion is restricted in all fields, no measurements provided. Motor strength is normal. Outcome assessment dated XX/XX/XX indicates that shoulder range of motion is flexion 168, extension 71, abduction 180, ER 90 and IR 70 degrees.

Initial request was non-certified on XX/XX/XX noting that the patient has completed 13 physical therapy visits to date. Current evidence based guidelines support up to

8 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. There are no clinical records submitted for review from the requesting provider. 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. The denial was upheld on appeal dated XX/XX/XX noting that the Official Disability Guidelines recommend 8 sessions of physical therapy for the patient's diagnosis. The physical therapy progress note dated XX/XX/XX shows the patient already completed 10/12 authorized sessions. It is unclear if the patient already completed the 12 authorized sessions as the re-evaluation of treatment was not submitted for review. It is reasonable to conclude the patient has been educated in a home exercise program. Continuation of a home exercise program is reasonable to address any remaining deficits.

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

Given the current clinical data, the request for continued progressive PT for to facilitate range of motion, function and strength is not recommended as medically necessary, and the two prior denials are upheld. The submitted records indicate that the patient sustained 3rd degree burns when his shirt caught on fire at work. The patient subsequently completed at least 13 physical therapy visits. The Official Disability Guidelines would support up to 8 visits for medical treatment and up to 16 visits for postoperative treatment. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There is no clear rationale provided as to why any remaining functional deficits cannot be addressed with a home exercise program. The request as submitted is nonspecific and does not indicate the frequency and duration of the requested treatment. Based on this information, medical necessity of the request is not established in accordance with the Official Disability Guidelines.

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Burns Chapter

Physical therapy (PT)
Recommended. Occupational therapy and physical therapy for the patient with burns may include respiratory management, edema management, splinting and positioning, physical

function (mobility, function, exercise), scar management, and psychosocial elements. (Simons, 2003) As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated.

ODG Physical Therapy Guidelines –

Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Burns:

Medical treatment: 8 visits over 6 weeks

Post-surgical treatment: 16 visits over 8 weeks