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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 3/30/18

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX occupational therapy sessions for the left wrist.

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

M.D., Board Certified in Physical Medicine and Rehabilitation with sub-specialty certification in Pain Medicine.

REVIEW OUTCOME

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

- Upheld** (Agree)
 Overtured (Disagree)
 Partially Overtured (Agree in part/Disagree in part)

I have determined that the requested for XX occupational therapy sessions for the left wrist is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient a XX with history of an injury on XX. The mechanism of injury was detailed as a fall. The clinical note from XX indicated that the patient was status post injection to the scaphotrapeziotrapezoidal joint XX prior. The records noted that when the patient received an injection to the pisotriquetral joint, XX symptoms improved for XX. On examination, the patient had pain to the middle finger of the left hand. XX also had pain to the flexor carpi radialis. The patient was to receive an injection of the flexor tendon sheath of middle finger. Additionally, the patient was to receive therapy. The patient has requested coverage for XX occupational therapy sessions for the left wrist. The Carrier has denied this request and reported that the requested services are not medically necessary per Official Disability Guidelines.

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

Skilled occupational therapy services are indicated when the individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified occupational therapist are necessary in order to restore physical function, restore sensory-integrative function, and improve the level of independence of activities of daily living. In this case, there was no evidence of the patient's objective functional improvement or decrease in pain with prior use of occupational therapy. There was no indication of any significant deficits on examination to warrant ongoing occupational therapy. Official Disability Guidelines recommend nine visits over eight weeks for synovitis and tenosynovitis, and this patient has had XX prior sessions of physical therapy/occupational therapy, which exceeds guideline recommendations. As such, the requested XX occupational therapy sessions for the left wrist are not medically necessary for the treatment of this patient.

Therefore, I have determined that the requested four occupational therapy sessions for the left wrist are not medically necessary for the treatment of the patient's medical condition.

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)

1. Pendleton, H., et al. *Pedretti's occupational therapy: practice skills for physical dysfunction*. 2013.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)