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IRO REVIEWER REPORT

Date: 2/20/2018 9:46:42 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 9 PT sessions

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XXXX with history of an occupational claim from XXXX. The mechanism of injury was detailed as occurring when the patient XXXX. The physical therapy initial evaluation from XXXX notes that the patient was initially put in a cast for 2 months. The patient has had 12 sessions of physical therapy. However, XXXX hand and arm keep swelling up. The patient was referred for sonogram and then surgery to remove the mass and release of the carpal tunnel and FCR tenolysis and incision of the tendon sheath. On XXXX, the patient had surgery for an infection. The patient had physical therapy and then rehabilitation program. The patient reports pain with grasping or lifting of the right hand and cannot use it while driving or lifting activity. Range of motion was decreased on the right with flexion 20°, extension 9°, radial deviation 10°, ulnar deviation 20°, pronation 90° of supination -30°. Strength was 3+/5 on flexion, 3+/5 and extension and 3-/5 on finger abduction. Phalen's was unable to be tested due to his decreased range of motion. The patient was to receive 9 sessions of skilled physical therapy consisting of therapeutic exercise, manual therapy, neuromuscular reeducation, ultrasound, paraffin bath and home exercise program.

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

The Official Disability Guidelines note that 14 visits over 12 weeks is recommended by guidelines. The documentation indicates that the patient recently completed a chronic pain management program. There was no clear evidence of patient's continued deficits to warrant ongoing treatment. It is unclear with patient's objective functional improvement was with the previous physical therapy visits. Therefore, the request for 9 PT sessions is not medically necessary and the prior determination is upheld.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Forearm, Wrist & Hand, Physical/ Occupational therapy