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Description of the service or services in dispute:

Occupational Therapy - 24 sessions for bilateral extremities with evaluation and re-evaluation between XXXX and XXXX.

Description of the qualifications for each physician or other health care provider who reviewed the decision: Board Certified Neurosurgery

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is XXXX who was diagnosed with traumatic subdural hemorrhage without loss of consciousness. XXXX sustained an injury on XXXX when XXXXX and hit the right side of XXXX head and lower back. Per an evaluation by XXXX, OTR dated XXX, the patient had attended occupational therapy and had reported that XXXX was anxious to get XXXX memory working better and XXXX hands moving better to be able to return to work. The patient reported XXXX had been disabled since the accident.

Per a clinical note dated XXXX, the patient was seen for bilateral subdural hemorrhage **(SDH).** XXXX had undergone a prior right craniotomy. On examination, XXXX was alert and oriented, pupils equal and reactive bilaterally. XXXX was able to move upper and lower extremities equally and had equal strength bilaterally. No deficits were noted.

The treatment to date included medications, occupational therapy and surgical intervention.
A CT head was performed on XXXX. The impression of the study was atrophy; previous right craniotomy and chronic involuting subdural hematoma; chronic sinusitis; otherwise negative. A CT scan of the brain dated XXXX revealed a mild degree of central and cortical atrophy.

Prior Review History: The initial request for 24 sessions of occupational therapy for bilateral extremities with evaluation and re-evaluation between XXXX and XXXX was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request is not certified. The current request for 24 Sessions of occupational therapy for bilateral upper extremities with evaluation and re-evaluation exceeds guideline

recommendation. Clarification is needed to determine if the patient had prior therapy rendered considering the age of injury which is XXXX as medical records provided had limited information."

Per a utilization determination letter dated XXXX, the requested service of 24 sessions of occupational therapy for bilateral extremities with evaluation and re-evaluation between XXXXXX and XXXX was denied. The primary reason for determination was based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines, requested service was non- certified. During the peer discussion, it was stated the patient was having trouble using their hands and incorporating their third, fourth and fifth digits. The patient was having reduced strength. The patient had a stroke, apparently, which was not noted in the initial assessment. The occupational therapist stated the patient did not mention it and there was a concern about therapy was done at the hospital already. The patient was ambulatory and would like to return to work. After this discussion, there was information not given to the occupational therapist at the time of the initial assessment. Further documentation of the stroke and therapy that might have been done was needed. At the time, the requested service was not medically necessary.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for Occupational Therapy - 24 sessions for bilateral extremities with evaluation and re-evaluation between XXXX and XXXX is not recommended as medically necessary. It is unclear if the patient has undergone prior occupational therapy, and if so, the number of visits completed and patient response are not documented. The request for 24 visits of occupational therapy exceeds guideline recommendations and does not allow for adequate interim follow up to assess the patient's response to treatment and adjust the treatment plan accordingly. The patient apparently suffered a stroke which was not accounted for on the most recent evaluation submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase

☐ AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers

☐ Compensation Policies and 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 and Treatment Guidelines
Official Disability Guidelines Treatment Index, 22nd Edition Online 2017
ODG, Appendix D
Documenting Exceptions to the Guidelines

The purpose of this section is to outline a process so patients can receive appropriate medical treatment even if it is not covered in ODG. As explained on the Copyright Page:
"These publications are guidelines, not inflexible proscriptions, and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for

specific conditions and also help payors make reimbursement determinations, but they cannot take into account the uniqueness of each patient's clinical circumstances." http://www.odg-twc.com/preface.htm#COPYRIGHTPAGE

ODG outlines a system for ranking the medical evidence, using an alphanumeric rating system from 1a to 11c. It is explained in the Chapter Explanation of Medical Literature Ratings located here: http://www.odg-twc.com/odgtwc/ExplanationofMedicalLiteratureRatings.htm. The highest quality evidence would be a Systematic Review/Meta-Analysis or a Randomized Controlled Trial (RCT), that have been accepted for publication in a peer reviewed journal included in Medline® by the National Library of Medicine. Users can search for these studies online at www.nlm.nih.gov. When other medical treatment guidelines are based on the high quality evidence, they can also be good sources to summarize the evidence and make concrete recommendations, so these other treatment guidelines can be valuable as well. The Agency for Healthcare Research and Quality (AHRQ) in the United States maintains a searchable database of clinical practice guidelines that have met their criteria, at www.guideline.gov. This would be a recommended source of medical treatment guidelines for conditions that are not covered in ODG.
There will be situations where injured workers will need medical care outside of the guidelines. There are a variety of ways that this can be achieved, including understandings, both formal and informal, where an insurance carrier and a provider have agreed, as a result of proven outcomes and adherence to evidence-based treatment guidelines from that provider that the insurance carrier will defer to the provider's recommendations for a particular course of medical care. This document is meant to address situations where such agreements do not exist.

> Official Disability Guidelines Treatment Index, 22nd Edition Online 2017
> ODG Preface, Introduction, Physical therapy

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)