

True Resolutions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 # 624

Mansfield, TX 76063

Phone: (512) 501-3856

Fax: (888) 415-9586

Email: manager@trueresolutionsiro.com

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy for the left wrist 2 x 4

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 now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented of the extra-articular fracture of the lower end of left radius, subsequent encounter for closed fracture with routine healing; pain in left wrist. During the assessment on XXXX, the patient complained of continued left wrist pain and stiffness. The patient was noted to be status post left distal radius fracture. The physical examination of the left wrist revealed full range of motion of the fingers. There was stiffness at the extremes in the left wrist. The neurovascular examination was normal. X-rays of the left wrist confirmed a nondisplaced left distal radius fracture that was healing well. A formal therapy program was recommended for the left wrist. The physical therapy progress note dated XXXX was noted to be the patient's eighth physical therapy session. XXXX rated XXXX pain a 0/10. The patient reported sharp pain in the dorsum side of the left wrist when moving or trying to hold something with the left hand. The patient reported that XXXX pain was only aggravated with activity and alleviated with rest. On examination, range of motion remained slightly decreased with extension at 50°, flexion at 50°, forearm supination at 85°, radial deviation at 22° and ulnar deviation at 32°. The patient was noted to be demonstrating functional improvement with physical therapy. Further physical therapy sessions were recommended.

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

The Official Disability Guidelines indicate the patient should be instructed in expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The most recent physical therapy note provided for review confirmed that the session on XXXX was the patient's eighth physical therapy session. The patient complained of continued pain and stiffness. Additional physical therapy sessions were recommended. However, there remained a lack of documentation regarding objective functional improvement obtained with the prior physical therapy sessions to support additional sessions. The patient's range of motion has remained the same, and there were no exceptional factors noted to support additional sessions over a home exercise program at this

point.

Based on the information provided for review, the request for additional physical therapy sessions for the left wrist 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:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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