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An Independent Review Organization

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Date: 8/14/2018 1:24:16 PM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy for the right elbow, wrist, and hand

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopedic 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 was detailed as a XXXX. The current diagnoses are documented as fracture of the distal humerus and fracture of the radius. In the plan of care dated XXXX, it was noted that the patient had undergone 12 physical therapy visits. It was reported that the patient had good compliance with the outlined home exercise program. The patient continued to make range of motion gains in the hand, wrist, and elbow. The patient was able to successfully lift 15 pounds with the affected upper extremity from the floor to the hip with a straight elbow. Range of motion consisted of 75° forearm pronation, 60° forearm supination, 10° wrist extension, 60° wrist flexion, 10° wrist radial deviation, and 5° wrist ulnar deviation. It was noted that finger motion individually by joint was within 90% of normal limits and composite fist range of motion was 75% of normal. In the plan of care dated XXXX, it was noted that the patient had undergone 23 sessions of physical therapy. The patient continued to have good compliance with the home exercise program. It was reported that finger motion individually by joint was within 90% of normal limits and composite fist range of motion was also 90% of normal limits. Muscle strength consisted of 6.5 pounds with lateral pinch. The treatment plan included for the patient undergo additional physical therapy for the right elbow, wrist, and hand.

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

According to Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), physical therapy is recommended for 16 visits over 8 weeks for medical treatment and post-surgical treatment. According to the Elbow (Acute & Chronic) chapter, physical therapy is

recommended for 18 visits for medical treatment of a fractured humerus and 24 visits following surgical treatment of a fractured humerus. The patient had already undergone at least 23 sessions of therapy thus far. Additional therapy exceeds the recommended treatment duration. In addition, the patient was 90% of normal and was compliant with a home exercise program. There is no indication that the patient could not continue their rehabilitation solely with a home exercise program given the compliance and current status.

As such, the requested physical therapy for the right elbow, wrist, and hand was 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 (Acute & Chronic), Physical/Occupational therapy and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Elbow (Acute & Chronic), Physical therapy