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An Independent Review Organization
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Notice of Independent Review Decision

Patient Name: XX

Case Number: XX

Date of Notice: 5/7/2018 1:25:25 PM CST

Coverage Type: Worker's Compensation

IRO Certification No.: 5312

IRO REVIEWER REPORT

Date: 5/7/2018 1:25:25 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 12 sessions of OT

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

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 XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as, the patient XX. The current diagnosis is documented as injury right hand open fracture, multiple sites of phalanx of right hand. During the assessment on XXXX, the patient reported slow progress with occupational therapy. During the physical examination, the patient demonstrated full passive fist making ability with the right-hand digits, but was unable to actively maintain the fist, due to significant weakness of digital flexors. There was no extensor lag or malrotation of the right-hand digits. There was some stiffness of the distal interphalangeal joint of the right small finger. Grip strength at level 2 was 40 on the right and 80 on the left. Continued occupational therapy to restore passive and active for flexion of the distal interphalangeal joint of the right small finger was recommended.

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

The Official Disability Guidelines recommend 16 visits over 10 weeks for patients who have undergone surgery to treat a fracture of 1 or more phalanges of the hand. The records indicate that the patient had completed a total of XX sessions of occupational therapy and was recommended to undergo 12 additional sessions in this to restore passive

and active forward flexion of the distal interphalangeal joint of the right small finger. The 12 additional sessions requested further exceeding guideline recommendation and there were no exceptional factors noted to support additional formal occupational therapy over a home exercise program.

Based on the information provided for review, the decision to deny the 12 additional sessions of occupational therapy is not medically necessary and therefore 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