AccuReview

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[Date notice sent to all parties]: March 6, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX Therapy XXxWk x XXWks, XX XX XX, XX, XX, XX, XX, XX, XX, (XX-XX pnr)

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

This physician is Board certified in Rehabilitation and Physical Medicine Physician with over 18 years of experience.

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

XX: Operative Note dictated by XX, XX. XX XX incision and drainage performed. Results: the XX appeared to be localized to the XX tissues above the XX of the XX. XX interval no deep dissection was performed. If the drainage does not stop the claimant will return to the XX, no complications noted.

XX: Consult dictated by XX, XX. Assessment & Plan: Claimant with a history of XX and XX XX XX fracture s/p ORIF on XX, now presenting with XX and swelling at the XX incision s/p operative washout on 6/25. Per ortho the infection appeared superficial. The gram stain from the OR shows gram positive XX. XX reports and the surgical findings are consistent with XX. So far, the operative cultures are negative. The gram stain with gram positive rods could be concerning for C XX, which is known to cause the XX in XX hardware. C XX can be slow to grow in culture. For now, would favor treatment with XX while cultures are pending. This will treat both C XX as well as other common causes of

post-op wound infections, such as XX species. Recommendations: Stop XX and start XX XX g XXhrs. Follow cultures. Though felt to be superficial, given presence of hardware and concern for C XX would tentatively plan for XX course of XX days, though this may change based on the culture results.

XX: Progress Note dictated by XX, XX. Claimant is XX with XX and R XX XX fracture s/p ORIF XX c/b superficial infection of distal incision site s/p washout XX, XX with operative cultures positive for C XX, on PCN (initially XX, total course XX), here for f/u. Claimant reported intermittent pain in R XX/XX above the area of the recent washout, mostly with XX XX exercises, sleeping on it by mistake, or in rainy weather. It has been there since the XX surgery and overall slightly improved, and no worsening lately. XX stitches were removed in ortho clinic yesterday and XX-XX placed. XX dislikes the XX XX and has had some trouble with the device causing XX missed doses. On the way over, the XX in the XX broke and leaked. XX says XX FSBS are perfect: XX-XX. ROS: positive for rash (itchy on XX for past XX). PE: R XX/XX region with broad swelling that is fluctuant, no erythema/warmth/induration, mild ttp. XX XX-XX arm with XX-XX c/d/I and no edema/ttp there. LYE PICC removed, XX cm. Assessment and plan: Claimant has had good response on PCN for past XX weeks. Will investigate with US and keep XX on XX for now. PICC pulled. Notified surgeon. IF fluid collection, suggest aspiration and culture. DX: closed fracture of XX XX XX, XX-primary.

XX: Results dictated by XX XX, MD. Impression: Post-surgical changes of the XX XX. No focal collection to suggest abscess or edema within the soft tissues overlying the XX XX.

XX: XX XX without Contrast dictated by XX XX, MD. HPI: Claimant suffered a work-related accident on XX XX, XX. XX works as a XX XX and on the day of the accident, XX through a XX in the XX. As a result, XX sustained a complex fracture to the XX XX / XX area complicated by PICC line infection. XX currently has plates and multiple pins in XX XX and is being treated by ortho in XX. CC: XX pain: constant, dep, stabbing, throbbing, aching pain in the posterior XX on both sides. Mid and low XX pain: constant, dull pain in the XX and XX areas. XX reports a frequent tingling sensation in the XX area. Symptoms of XX and XX following accident. XX reports XX XX in XX in XX things; XX XX, XX, and XX about XX condition; difficulty XX and XX XX; XX down, XX and XX about XX condition; XX edge; XX XX and XX XX as if something XX XX XX. This started following trauma and has persisted since then.

XX: XX XX 2 or 3 Views dictated by XX XX, XX. Impression: XX disc XX at XX-XX measuring XX mm causing XX XX. The XX measure 9 mm in AP diameter along the midline. XX disc XX at XX-XX measuring XX mm causing XX XX. The XX measures 9 mm in AP diameter along the midline. Loss of the normal XX is noted which might be related to positioning and/or spasm.

XX: Progress Note dictated by XX XX, MD. CC: follow up. HPI: XX reported continued XX XX pain with ROM and also R XX pain, about stable since XX accident and surgery. XX was weaned off XX recently and is now on XX and XX. XX has not had wound problems lately or swelling. XX developed XX 2-3 wks ago and stopped XX 1-2 wks ago. XX feels XX XX – but this is also since the accident. XX was told XX has XX disc XX when XX was first admitted after the accident in XX. No falls or syncope. XX does not XX/XX much during the day. PE: XX XX/XX region: without swelling, wound well healed with mild ttp at lower XXcm, pain with arm extension over 45 degrees. DX: closed fracture of XX XX XX, other: post-operative infection

XX: Progress Note dictate by XX, XX. CC: XX XX pain and stiffness. Claimant continues to present with impairments involving ROM, soft tissue mobility, strength, posture, pain, joint mobility, lifting mechanics. These deficits limit claimant's ability to perform these tasks: carrying, lifting from the floor, lifting overhead, opening doors, overhead reaching, overhead tasks: sustained/repetitive, physical activities: shoveling, exercising, pulling/pushing tasks, reaching into bank machine/toll booth, retrieving wallet from XX pocket, sleep >6 hours. Prior to established functional goals and return to PLOF stated in the initial evaluation.

XX: Daily Note dictated by XX, XX. S: claimant reported feeling the same with complaints of XX pain from XX XX. When taking the XX, it XX XX XX and I XX XX XX the XX and don't realize it until it hurts, per claimant. O: R XX XX AROM 123. A: Claimant has been able to improve ROM while on XX but will need focus on restoring full motion and strength.

XX: Daily Note dictated by XX, XX. S: claimant reports feeling worse, pain worse due to not taking pain medication

and reported XX pain which is attributed to medications. O: refer to flowsheet. A: Claimant reported most difficulty and increased pain with XX IR stretch. XX requires VC to use the sub-max contraction during isometrics, and to not lean into wall using XX body weight to avoid exacerbation of symptoms. Tightness noted in XX XX. Should continue to improve mostly with focus on stretching XX muscles. P: continue current plan of care, continue as noted.

XX: Daily Note dictated by XX, XX. CC: no change. Claimant continues to lack XX should IR and is not able to reach above XX joint level. XX complained exercises with a minor increase in symptoms. The most difficult and pain with XX IR stretches. Reported less tightness to XX region during manual therapy. Tolerated PROM stretching with less muscle guarding and increased mobility in XX abduction and ER.

XX: Ambulatory Referral dictated by XX, XX. XX XX: evaluate and treat XX-XX weeks for strengthening, stretching, progressive resistance exercises, functional. Teach home exercise program.

XX: Referral dictated by XX, XX. Assessment: XX/XX – XX with XX. Recommendations: individual XX. Treatment CPT Codes: XX – XX diagnostic evaluation.

XX: Daily Note dictated by XX XX-XX, XX. No changes reported with continued pain in the XX, XX and XX. Claimant is able to complete program but does complain of pain throughout the session and requires redirection to focus on activity/XX XX. Added XX flexion in supine with emphasis on proper mechanics and activation of XX muscles for proper XX mechanics. XX reported progress is slowed by several areas of pain and restrictions affecting exercise progression. Continue plan of care and as tolerated with focus on increasing pain free ROM and strength.

XX: Daily Note dictated by XX XX-XX, XX. S: claimant reported going to the XX and being told XX a has a XX XX fracture on the XX. Unable to determine new or old. O: Claimant reported injury to XX XX but touches areas of XX-XX XX with complaints of pain. XX required greater need for redirection today with all activity and restraint to perform any exercises but was able to complete them without difficulty, some of which were held and manual stretching limited. A: will need to continue to modify program if XX has a new fracture on the XX side. P: continue plan of care and obtain a copy of the report to determine age of fracture site.

XX: Encounter Summary – Progress Note dictated by XX, XX. CC: follow up from work related injury. ROS: muscle aches, XX/joint pain (XX XX, XX XX), and XX pain. Weakness and numbness, XX, XX and XX XX. Assessment/Plan: Prolapsed XX XX disc-XX pain with radiculopathy symptoms. 2. Prolapsed XX XX disc-XX XX pain with radiculopathy symptoms. 3. Prolapsed XX XX disc-XX XX pain following a XX. 4. Mixed XX and XX disorder – the claimant reports symptoms of XX and XX. 5. Fracture of XX – claimant was seen in ER on XX for XX sided pain. 6. XX injury. Claimant has not been able to work since incident.

XX: Daily Note dictated by XX XX-XX, XX. CC: no change. Claimant demonstrated gradual increase in ROM but requires frequent VC's to avoid compensating with UT. Used verbal and tactile clues to encourage claimant to use XX muscles to control mechanics of the XX.

XX: Daily Note dictated by XX XX-XX, XX. Assessment: Claimant is reporting increased pain since pain meds have been reduced. RE-evaluation shows a decrease in AROM due to claimants' complaint of pain. XX will benefit from skilled therapy to allow the claimant to meet set established functional goals and return to PLOF stated in the initial evaluation.

XX: Daily Note dictated by XX XX-XX, XX. CC: no change, reported feeling okay due to new medication. Claimant exercised with less rest time today and continues to have the most difficulty with IR of XX due to G/H joint tightness and pain. Tightness noted in R UT, mod TTP reported during manual therapy.

XX: Operative Report dictated by XX, XX. Impression: Technically successful XX steroid injection at XX.

XX: Operative Report dictated by XX, XX. Impression: Technically successful XX epidural steroid injection at XX-XX.

XX: Daily Note dictated by XX XX-XX, XX. CC: pain in XX XX when XX tries to use it especially for activity greater than XX height. XX IR is most limited in ROM d/t pain and tightness. R XX ext AROM: 107; R XX Abd AROM: 85. Inferior XX glide remain poor to fair which is contributing to the lack of motion overhead. Mild clicking noted in the superior aspect of the GHJ with passive abd or flexion.

XX: Daily Note dictated by XX XX-XX, XX. Claimant reported pain is minimal in the XX unless XX tries to raise it. XX muscles fatigue quickly, and patient tends to compensate with XX PNF. Again, reviewed with the claimant importance of activating these muscles for proper XX mechanics and to avoid compensatory motions. Worked on XX flexion in XX using verbal and tactile cues to encourage use of XX muscles to control XX movement. Continue plan of care and monitor exercises to ensure proper mechanics with all activity in the clinic.

XX: Daily Note dictated by XX XX-XX, XX. CC: no change. Claimant not able to abduct XX above 90 degrees without UT compensation. XX reported a blockage in XX XX joint with active flexion and abduction. R XX Ext: AROM -3, R XX Abd AROM 80, R XX flex AROM 105. Claimant has limited on time and not able to complete all exercises and should continue to be progressed with XX NF strengthening and ROM exercises.

XX: Encounter and Procedures dictated by XX, XX. CC: XX and XX pain. PE: increased in XX-sided XX tenderness. Flexion 70 degrees, extension 10 degrees. Motor strength: Abduction XX 4/5, pain with resisted abduction. XX XX abduction was only to 45 degrees. XX flexion XX 4/5. Assessment/Plan: Claimant has XX XX pain, XX pain and XX pain, s/p work related injury. After XX last visit XX had XX and XX ESI which relieved XX symptoms approximately 70% for 7-10 days. XX pain has returned, in addition to an increase in XX XX XX pain. XX notes that XX pain waxes and wanes, more so than it did prior to XX injection, but XX I very interested in repeating the ESI with the hopes of having longer lasting relief. Will reorder XX ESI and change XX to transforaminal ESI XX-XX. DX: XX XX pain, XX XX, prolapsed XX XX disc, XX pain, XX radiculitis, prolapsed XX XX disc.

XX: Daily Note dictated by XX XX-XX, XX. Assessment: s/s consistent with dx. Claimant has made objective improvements with ROM, Joint Mobility, strength, Soft tissue mobility. Continues with impairment involving ROM, soft tissue mobility, strength, posture, pain, joint mobility, body mechanics, lifting mechanisms. Prior PDL- of light-medium. XX will benefit from skilled therapy to allow the claimant to meet set established functional goals and return to PLOF stated in the initial evaluation.

XX: Daily Note dictated by XX XX-XX, XX. CC: R XX gets really stiff sometimes and can not XX on that XX because it hurts too much. PROM is improved but remains painful at end range. IR remains most restricted of all motions. Continue plan of care, progress strengthening as tolerated but ensure good XX mechanics and avoid UT compensation.

XX: Progress Note dictated by XX, XX. CC: history of DM and s/p XX XX fracture ORIF on XX. Current Medications: XX, XX, XX, XX, XX, XX, XX, XX, XX XX XX, XX. PE: XX XX extremity: no swelling, or gross deformity with well-healed incision, minimally tender. Forward elevation to 110, abduction to 80. Assessment: 43 y/o XX s/p XX XX fracture ORIF. Plan: weight bearing as tolerated, XX referral, bone stim, FU in XX XX.

XX: UR performed by XX, XX. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Guideline recommend XX visits over XX weeks post-surgical treatment for fracture of the XX. The claimant underwent ORIF of the XX XX XX fracture on XX and XX XX I&D on XX. Per XX, XX had a total of XX visit count was XX. Per XX, XX demonstrated limitations in the required job functions. The claimant's case, although there is still evidence of limitations of the XX XX, there are no exceptional factors to support ongoing supervised therapy versus maintenance home exercise. The current request in addition to the previously completed and/or authorized sessions exceeds the recommendation of the guidelines. Plateau is suggested by current records with no clear change between the XX notes and the current date. The prior non-certification is upheld.

XX: Progress Note dictate by XX, XX. Assessment: claimant demonstrates minimal change with reevaluation. Pain levels have increased, and XX is noted in the XX with active and passive ROM.

XX: UR performed by XX, XX. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. According to the XX Daily Note dated XX, XX was on XX XX XX visit. The current request in addition to the previously attended XX visits exceed the guidelines recommendation. Exceptional factors were still not identified to warrant additional XX sessions more than what the guidelines recommend. There are no intervening factors documented.

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

Denial of XX Therapy XX times a week for XX weeks to the XX XX for all CPT codes XX, XX, XX, XX, XX, XX, XX, XX and XX is UPHELD/AGREED UPON since the request exceeds ODG for submitted diagnosis, and clinically despite by count XX post-operative XX visits for ORIF to XX XX XX fracture, there are no objective improvements in XX XX Range of Motion or strength. There is also question regarding compliance with a XX XX program. Furthermore, given the chronicity of the case being XX months since injury/surgery, involvement of multiple body parts, lack of return to work since the injury, and the referral for individual XX sessions for XX and XX, there is question regarding factors complicating progress and consideration beyond basic XX Therapy to more comprehensive functional rehabilitation programs. Therefore, the request for XX Therapy XXxWk x XXWks, XX XX XX, XX, XX, XX, XX, XX, XX, (XX-XX pnr) is not medically necessary and can not be certified; denial 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**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW XX PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**