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ACCREDITED
Independent Review Organization Accreditation: Comprehensive Review
Expires: 06/01/2027

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X

Date of Amendment: X

TX IRO Case #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]: This is a case of a X who had an injury on X and had an evaluation on X. The patient underwent an X on X after X sustained an acute injury to X right upper arm after a fall at work over X months prior. Imaging revealed a X.

X-ray (XR) humerus on X showed a X.

According to the Physical Therapy Re-Evaluation done on X, the patient has shown good progress by X outcome measures which reduced from X to X, shoulder passive range of motion (PROM), and elbow active range of motion (AROM). Despite the progress, the patient continued to have significant passive mobility deficits that were limiting X ability to type on a computer and lift and carry boxes. X was medically necessary to address the proceeding impairments and functional limitations. After the re-evaluation, X weeks of X was recommended.

A X was given on X for closed fracture of shaft of humerus and displacement segmental fracture of shaft of humerus right arm.

The patient was seen on X after a X. X was unable to move X wrist, elbow and shoulder. After evaluation, the patient was recommended for X.

A Notice of Independent Review Decision was issued on X for the request for X. After review, X were medically necessary and X was not medically necessary.

The patient was seen on X for a follow up X. X reported no notable drainage from the incisions, no fever/chills or other concerning symptoms. It was noted that X has made progress with X.

During the therapy session on X, the patient was noted with improvement with X shoulder movement when X was reaching out to the side, laying on X right side and being able to start the car without shoulder pain. X also had improvements in X ability to hold the steering wheel. X still has to type with just X middle finger of X right hand due to X inability to extend X wrist or fingers. The member stated that X has been compliant with X home program and was motivated to progress in therapy. The patient scored a X out of X per the X with an initial score of X.

On X, the patient continued working on digital flexion and passive digital extension.

According to the X notes on X, the patient was noted for significant improvements in X wrist and digit stiffness with passive wrist extension to X degrees and metacarpophalangeal (MCP) flexion mobility to X degrees depending on the specific digit due to combined therapy and individual efforts. Due to the concern for regression in X motion and the inability to work further on getting X nerve transfer to conduct properly after X surgery, continuation of therapy was recommended.

An Adverse Determination was issued on X for the request for X. It was also noted that a peer-to-peer consultation was attempted on X and X but was unsuccessful.

On X, a denial letter was issued for the appeal for the X.

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

In this case, the patient is a X who had an injury on X and had an evaluation on X. The patient underwent an X on X after X sustained an acute injury to X right upper arm after a fall at work over X months prior.

Prior to the request for X. During the re-evaluation, the patient reported overall improvement in X arm function specifically X shoulder more than X hand since beginning therapy. X also noted improvement with X shoulder movement like when X is reaching out to the side, laying on X right side, and being able to start the car without shoulder pain. Overall improvements were also reported in X ability to hold the steering wheel. However, X still has to type with just X middle finger of X right hand due to inability to extend wrist or fingers. Using the X tool, the patient scored a X and X initial score was X. Flexion lag to distal crease: index X, middle X, ring X, and pinky
X cm, passive wrist extension to X degrees (no active mobility in gravity resisted or gravity eliminated yet).

Despite a significant improvement with X shoulders, the member still had issues with X wrist and fingers as evidenced by difficulty typing due to the inability to extend wrist and fingers. The re-evaluation also showed arm weakness as X was unable to reach X passive end-ranges actively and X range with activities was limited due to stiffness and muscle tremors were felt with active-assisted

movements. Due to this, X was unable to perform X job that requires writing, typing, carrying, and lifting. Therefore, X to focus on improving grip strength in preparation for a tendon transfer and recovery of elbow, digit mobility and to improve activation of X wrist and fingers.

According to the Official Disability Guidelines, Post-Surgical treatment (Fracture, Humerus) is X. It was noted that the patient had already attended a total of X prior to the re-evaluation on X. However, X still has issues with X elbow, wrist, and fingers. The ODG Physical/Occupational Therapy for Forearm, Wrist, and Hand Conditions recommends more visits may be necessary when grip strength is a problem, even if range of motion is improved. Due to the reported issues with X elbow, wrist, and fingers that was also seen in the revaluation, the denial of the request for the X for the right arm is overturned and is considered medically necessary.

SOURCE OF REVIEW CRITERIA:

- 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
- ☐ Presley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- ☐ Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

REVIEW OUTCOME:

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

☐	Upheld	(Agree)
☒	Overturned	(Disagree)
☐	Partially Overturned	(Agree in part/Disagree in part

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

X