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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

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

☒ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who was injured on X. X tripped and fell when another employee stepped on X while going out with X. The diagnoses were displaced fracture of base of fourth metacarpal bone of right hand, subsequent encounter for fracture with routine healing; displaced fracture of base of fifth metacarpal bone, right hand, initial encounter for open fracture; displaced fracture of head of left radius, subsequent encounter for closed fracture with routine healing.

On X, X was seen by X, MD, for follow-up visit for closed fracture of base of fourth metacarpal bone of right hand and closed fracture of head of left radius. X was status X. X reported X was still having a lot of pain. On the prior visit, X was to continue X. X stated X was doing well with some tingling and numbness. Examination of the left upper extremity revealed X. There was no X. Elbow range of motion was X. Compartments were X. No obvious signs of infection were noted. Motor and sensory examination was X. X was present. Fingers were warm and pink.

Examination of the right upper extremity revealed X. There was X. Range of motion was X. Motor and sensory examination was X. X was present. X-rays of the left elbow showed X. X-rays of the right hand with multiple views showed X. X was advised weightbearing as tolerated to the left and right upper extremities. Aggressive range of motion of the right hand as tolerated was advised. X was advised to continue X. On X, X was evaluated by X, PT, for X follow-up visit for X ongoing complaints. X reported some improvement with X. X still had difficulty with X grip strength and had been experiencing numbness to X hand and wrist. X reported X would be having a follow up with X physician on the day. X stated that the prior week, X followed up with X surgeon and was referred to get nerve studies done to X left upper extremity. X would like to continue with additional visits to further improve the strength and mobility of X elbow and to reduce the numbness and tingling to X hand. That day, X rated ongoing pain as X, best X and worst pain X. X reported severe limitation in gripping / grasping, functional reaching, lifting / carrying, cleaning / household chores. At the time, X was not working. On examination, the strength of the right elbow was X in flexion / extension / supination / pronation; left elbow showed strength of X in flexion / extension / supination / pronation. Tenderness to palpation was noted of the X. Tenderness was noted of the X. It was assessed that evaluation had determined decrease in functional status for X. Evaluation had found symptoms and clinical deficits that could be addressed by X intervention. X continued to respond to X with decreasing pain and improving tolerance to therapeutic and functional activity. X

had restored range of motion (ROM); however, continued with weakness and moderate myofacial / muscular tightness to forearm. X continued with paresthesia in the ulnar nerve distribution. X continued to require X to maximize return to previous level of function. X was recommended to X. X had been seen by Dr. X the previous week. X reported X did not have the strength to lift. X was not able to grasp a mop or broom. X was having pending follow-up with X. X would benefit from X. On examination, weight was 226 pounds and body mass index (BMI) was 44.13 kg/m2. Extremities showed no deformity and no trauma. Neurological examination showed X. Regarding fracture of left radius, it was noted that X continued to have pain to the left arm and reported X was not able to lift and move items around as X had done before. X was a X and would not be able to perform X duties. X was not cleared to return to work as X still reported pain and numbness to the left arm and hand. Regarding fracture of unspecified metacarpal bone, based on X presentation in the clinic and reported history, X was recommended to X.

Treatment to date X.

Per a utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: “Per the ODG by X is recommended up to X. The patient, a X, sustained X. The patient underwent a X. Follow-up evaluations showed healing progress with no signs of hardware failure, but the patient still experienced a decreased range of motion, strength, and

functional status in the left elbow, along with ongoing pain and limitations in activities of daily living. X was initiated for the left forearm, elbow, and wrist, with the patient reporting some improvement but continued difficulty with grip strength and numbness in the hand and wrist. Although the patient had deficits on the examination and has made clinical improvement with X, the request is not medically necessary for this patient, who has had X. No clinical examination findings were noted for the left forearm and wrist. There are no extenuating circumstances documented, such as evidence of an X. Therefore, the request is denied."

Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: "The Official Disability Guideline recommends X. In this case, the patient reports X does not have strength to lift. The patient is not able to grasp a mop or broom. Physical examination is unremarkable. The claimant had X. the request exceeds guideline recommendation. There are no objective findings in the X. As such the request for X, is noncertified and is denied."

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient still with X. Given importance of X left upper extremity function, as well as objective deficits reported by therapist, the request for X is warranted as a variance to the cited guidelines' limitations. X for the left elbow, left forearm, and left wrist at X as

requested by X M.D.is medically necessary and certified

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

Thoroughly reviewed provided records including provider notes and peer reviews.

Patient still with noted X. Given importance of X left upper extremity function, as well as objective deficits reported by X, the request for X is medically necessary and certified
Overturned

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ TMF SCREENING CRITERIA MANUAL

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ MILLIMAN CARE GUIDELINES

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

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

☐ INTERQUAL CRITERIA

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE