



DATE OF REVIEW: 4/19/07

AMENDED DATE: 4/24/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for prospective physical therapy on the left wrist 2-3 x a week for 4 weeks for diagnosis code 354.0-carpal tunnel syndrome, with treatment codes of: a. 97018-Application of a modality to one or more areas; paraffin bath. b. 97033-Application of a modality to one or more areas; iontophoresis, each 15 minutes. c. 97035-Application of a modality to one or more areas; ultrasound, each 15 minutes. d. 97110- Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility. e. 97140- Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes f. 97530-Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes. g. 97535-Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes. h. 97760-Orthotic management and training with assessment and fitting for upper or lower extremity each 15 minutes, not to be charged with 97116 for same extremity. i. 97003-Occupational therapy evaluation. j. 97004-Occupational therapy re-evaluation.

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

Texas Licensed D.C. and is also currently listed on the TDI/DWC ADL list.

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. 97018-Application of a modality to one or more areas; paraffin bath. b. 97033-Application of a modality to one or more areas; iontophoresis, each 15 minutes. c. 97035-Application of a modality to one or more areas; ultrasound, each 15 minutes. d. 97110-Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility. e. 97140- Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes f. 97530-Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes. g. 97535-Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes. h. 97760-Orthotic management and training with assessment and fitting for upper or lower extremity each 15 minutes, not to be charged with 97116 for same extremity. i. 97003-Occupational therapy evaluation. j. 97004-Occupational therapy re-evaluation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- **Fax Cover Sheet/Note dated 4/17/07, 4/11/07, 2 pages.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/3/07, 1 page.**
- **Texas Department of Insurance IRO Request Form dated 4/3/07, 4 pages.**
- **Determination Notification dated 3/30/07, 3/13/07, 2/22/07, 3/13/07, 4 pages.**
- **Notice to CompPartners, Inc. of Case Assignment dated 4/11/07, 1 page.**
- **Request for a Review by an Independent Review Organization dated 3/29/07, 3 pages.**
- **Claims History/Summary dated 4/12/07, 1 page**
- **Independent Review Organization Summary dated 4/12/07, 2 pages.**
- **Employer's First Report of Injury or illness 1 page.**
- **Electrodiagnostic Report dated 4/27/06, 4 pages.**
- **Note dated 5/5/06, 1 page.**
- **Follow-Up Visit Reports dated 6/8/06, 5/25/06, 5/11/06, 5 pages.**
- **Operative Report dated 5/18/06, 1 page.**
- **Progress/Status Report/Letter dated 5/30/06, 1 page.**
- **Medical Record Review dated 7/7/06, 10 pages.**
- **Physical Therapy Referral Notes dated 9/20/06, 7/20/06 2 pages.**
- **Information Request Note dated 8/18/06, 1 page.**
- **Initial Evaluation Report dated 8/23/06, 1 page.**
- **Physical Therapy Plan of Care dated 8/23/06, 1 page.**
- **SOAP/Addendum dated 11/10/06, 1 page.**
- **Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease dated 12/4/06, 11/10/06, 2 pages.**
- **Questionnaire/Instructions to Physician dated 2/23/07, 1/23/07, 11/27/06, 3 pages.**

- **Request for Leave of Absence dated 2/23/07, 1 page.**
- **Authorization Request Letter dated 3/6/07, 1 page.**
- **Superbill dated 5/3/06, 1 page.**
- **Follow-Up Visit Note dated 11/17/06, 1 page.**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Rationale:

Patient's age:

Gender: Female

Date of Injury:

Mechanism of injury: While working as a stocker, she claimed an injury to both wrists from stocking 10-pound boxes of pillows without help and repeatedly carrying boxes up and down a ladder over her head.

Diagnoses: 354.0 bilateral carpal tunnel syndrome, post 5/18/06 left side open carpal tunnel release surgery, Left wrist flexor tenosynovectomy, and left trigger thumb release.

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

The claimant has accepted body part regions of bilateral wrists. She is now approximately eleven months post surgery to the left wrist and thumb with open carpal tunnel release, left wrist flexor tenosynovectomy, and left trigger thumb release performed on 5/18/06 as indicated on the operative report from orthopedic surgeon M.D. at Medical Center. This is a Texas case for which the claimant then moved to Ohio and is now treating with a chiropractic provider, D.C. There was a 4/12/07 note from claims management indicating that the claimant indicated that she was needing right wrist carpal tunnel release surgery, but does not want this surgery until her left wrist is healed and overall better before they can do the right wrist. She continued to be off work. There was evidence that the claimant first treated for her left wrist under her own insurance plan, then changed this to a Workers' Compensation claim. A 4/27/06 electrodiagnostic study report by M.D. neurologist indicated bilateral carpal tunnel syndrome, right greater than left; however, his symptoms description stated clearly left greater than right arm pain and hand tingling. She had been treating with M.D., who referred her for this test; however, there were no records from him. The notes from Dr. M.D., the orthopedic surgeon, dated 5/11/06, wrongly identified that the electromyogram (EMG) testing indicated that the findings indicated that the left was much worse than the right. He then recommended left carpal tunnel release with flexor tenosynovectomy. He then performed the left wrist surgery and identified on the operative report that he also did the left thumb trigger release. A letter from M.D., neurologist, on 5/30/06, then oddly indicated that the patient was seen by him on 4/27/06 for right arm pain and tingling, and this note did not even address left arm pain. The office note from Dr. M.D., dated 6/6/06, indicated that her left wrist was doing well post-operatively, and she wanted surgery on her right wrist now. There was a records review performed on 7/7/06 by a hand surgeon, M.D., who argued the point that the electrodiagnostic study performed on 4/27/06 was not valid and, therefore, should not be used to verify this claimant's carpal tunnel syndrome. There was a 7/20/06

prescription for three times a week for four weeks of physical therapy from Dr. orthopedic surgeon, for therapy to the post surgery left wrist and the right wrist. The initial examination from Dr. D.C. on 11/10/06 indicated that he will begin chiropractic treatments for bilateral carpal tunnel syndrome of three times a week for six weeks and will prescribe occupational therapy at three times a week for four weeks. A letter from Dr. D.C. on 3/6/07 indicated that the left wrist physical therapy was to be done to get her strong enough to undergo right wrist carpal tunnel release surgery. She was awaiting approval for the physical therapy and the right wrist surgery. The current request is to determine the medical necessity for prospective physical therapy for the left wrist at two to three times per week for four weeks for diagnosis code 354.0-carpal tunnel syndrome, with treatment codes of: a. 97018-Application of a modality to one or more areas; paraffin bath. b. 97033-Application of a modality to one or more areas; iontophoresis, each 15 minutes. c. 97035-Application of a modality to one or more areas; ultrasound, each 15 minutes. d. 97110-Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility. e. 97140- Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes f. 97530-Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes. g. 97535-Self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes. h. 97760- Orthotic management and training with assessment and fitting for upper or lower extremity each 15 minutes, not to be charged with 97116 for same extremity. i. 97003-Occupational therapy evaluation. j. 97004-Occupational therapy re-evaluation. The medical necessity for these requested 2-3 x a week for 4 weeks post operative left wrist physical therapy sessions is not established. The Official Disability Guidelines, 11th Edition, Top 200 conditions, pages 52-53 indicates for diagnosis code of 354.0 a recommendation for physical therapy of allowing for post surgical physical therapy treatment for open surgery is 20 visits over 10 weeks. This claimant has already had post-operative left wrist physical therapy rehabilitation provided to her while in Texas. There was no evidence that this surgery or physical therapy had resolved or helped her left wrist condition. There was no evidence of significant well documented subjective or objective measurable improvements with the past post-operative left wrist physical therapy provided this claimant. There have not been curative effects, long-term relief effects or symptom resolution to establish medical necessity for this request for continued left wrist post-operative physical therapy at this late date of 11 months post left carpal tunnel release and left thumb trigger release with tenosynovectomy. It is this reviewer's opinion that the determination to deny this request should be upheld. This determination is upheld with reference to the Official Disability Guidelines, 11th Edition and the Texas Department of insurance and DWC rules and regulations.

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 BACK 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 AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee’s employer, the injured employee’s insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.