

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical medicine from 03/07/07 – 03/28/07 and 04/13/07 – 04/25/07

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

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

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Preauthorization determination for PT (03/27/07 – 04/05/07)
- Office notes and therapy (03/28/07 – 04/23/07)
- Radiodiagnostics (04/06/07)
- FCE (04/17/07)

- Radiodiagnostics (04/06/07)
- FCE (04/16/07)
- Therapy (03/07/07 – 05/02/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured. She injured her hand, thumb, and wrist (left hand) while lifting papers out of boxes. She had a history of right shoulder brachial plexitis 21 years ago.

On March 7, 2007, a physical therapy (PT) evaluation was carried and the following findings were noted: Decreased range of motion (ROM), positive

Phalen's test and Finkelstein test. The diagnoses were: Sprains/strains of the wrist and hand, non-allopathic lesions of the upper extremities, and muscle spasms. From March 7, 2007, through March 28, 2007, the patient attended 10 sessions of physical therapy (PT) comprising of electrical stimulation, hot and cold packs, myofascial release, and ultrasound.

On March 26, 2007, a pre-authorization request for additional 12 PT sessions was denied. A reconsideration request was denied on March 29, 2007.

From March 30, 2007, through April 23, 2007, the patient underwent additional 8 PT sessions with the aforementioned modalities.

On April 6, 2007, the following studies were done. Magnetic resonance imaging (MRI) of the left wrist revealed a low-grade sprain of the volar aspect of the scapholunate ligament and tiny effusion in the distal radioulnar joint with suspicion of small partial tear at the radial aspect of the TFCC. X-rays of the left wrist, left hand and MRI of the left hand were all unremarkable.

On April 17, 2007, a functional capacity evaluation (FCE) determined the patient to perform her daily tasks. The evaluator recommended beginning a co-joint modality/PRE program emphasizing hand strengthening, forearm tonus, elbow flexion/extension and stabilization of the left hand, forearm and wrist.

On April 25, 2007, a pre-authorization request was made for additional 9 PT sessions.

From April 25, 2007, through May 2, 2007, the patient attended additional four sessions of PT with the aforementioned modalities.

On May 2, 2007, therapy was planned three times a week for four weeks.

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

It appears that the employee reported a work injury and was treated with physical modalities from 03/07/2007 to 03/26/2007 for 9 sessions. A request for more treatment was submitted on 03/27/2007 that was not certified. Treatment continued on 03/28/2007. Reconsideration was submitted on 03/29/2007. Treatment continued on 03/30/2007, 04/02/2007, and 04/04/2007. On 04/05/2007, the treating doctor was alerted that his reconsideration was not certified. On 04/06/2007, MRI of the left wrist reported a low grade strain/sprain and suspected small TFC tear. MRI of the left hand was unremarkable. Treatment continued with the provider from 04/09/2007 to 05/02/2007 for 11 sessions. The FCE was reviewed.

Based on the records submitted, the claimant sustained a strain/sprain type injury of the left wrist and was provided treatment beginning on 03/07/2007, about 6 weeks after the injury reportedly occurred. There is a significant gap in the records from when the injury reportedly occurred and when treatment was sought. There was no objective finding of remarkable pathology. Therefore, this was not a significant injury that would support treatment outside guideline parameters. As described in ODG, treatment consisting of physical therapy for 9

sessions is reasonable. Treatment beyond 03/26/2007 is not supported. ACOEM guidelines report that manipulation has not been proven effective for hand, wrist, or forearm pain. Therapeutic touch was found to be no better than placebo (this would be inclusive of massage, myofascial release – MFR, proprioceptive neurofacilitation – PNF, and joint mobilization). ACOEM guidelines do not recommend passive modalities. Heat applications can be applied in the home setting. There is some short- to medium-term benefit with ultrasound.

Therefore, ultrasound (CPT 97035) would be supported for dates of service 03/07/2007, 03/09/2007, 03/12/2007, 03/14/2007, 03/16/2007, 03/19/2007, 03/21/2007, and 03/23/2007.

Interferential therapy, MFR, PNF, and heat are not supported.

Therapeutic exercise/therapeutic activity would be reasonable on 03/26/2007 with appropriate documentation of the procedure.

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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**