



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 08/21/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Postoperative physical therapy three (3) times a week for four (4) weeks.

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

Texas Licensed
Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Denial Overturned: Postoperative physical therapy three (3) per week for four (4) weeks is approved.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Records from Dr. dated 02/15/07, 03/06/07, 04/19/07, 05/04/07, 05/18/07.
2. Documentation from Dr. dated 04/26/07, 07/27/07.
3. Documentation from Dr. dated 05/31/07.
4. Documentation from Health Care dated 06/05/07.
5. Documentation from precertification dated 06/15/07, 06/25/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The available medical records document that the employee sustained a crush injury to the right hand in the workplace on xx/xx/xx.

The employee underwent surgical intervention to the right hand on 02/15/07 by Dr. and consisted of an open repair of the central slip into the middle phalanx with K-wiring of the PIP joint. This procedure was performed on the third digit of the right hand.

The employee was reevaluated by Dr. on 03/06/07, and it was documented that x-rays of the surgical site revealed the hardware that had been placed at the time of surgery was in good position. Sutures were removed on that date.

Additional surgery was performed by Dr. on 04/19/07, which consisted of removal of K-wire from the right long finger.

The employee was evaluated by Dr. on 04/26/07. The employee was provided a prescription for Vicodin and Celebrex.

On 05/04/07, Dr. evaluated the employee, and it was documented that the employee was to be maintained in an off work status.

On 05/18/07, Dr. evaluated the employee, and it was recommended that the employee be maintained in an off work status.

The employee was evaluated by Dr. on 05/31/07. It was recommended that the employee receive treatment in the form of supervised therapy services.

A physical therapy assessment at Health Care was performed on 06/05/07. It was recommended that the employee receive treatment in the form of supervised therapy services on a three time per week regimen for four weeks.

Documentation from dated 06/15/07 and 06/25/07 indicated attempts were made to contact the requesting physician for consideration of treatment in the form of therapy services. It appears that no contact from the requesting provider was ever obtained. Therefore, treatment in the form of therapy services were denied. The records from indicate that the physicians who were reviewing the medical documentation were unable to determine whether the employee had received access to therapy services previously.

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

Based upon the medical records available for review, it would not appear that the employee has received access to treatment in the form of supervised therapy services. Two surgical procedures were performed to the third digit on the right hand. These surgical procedures are described above.

When attempts were made by the precertification company to determine how much therapy services were provided to the employee, the requesting provider was unable to contact the reviewers to provided additional information.

Based upon the medical records available for review, for the described medical condition, *Official Disability Guidelines* would support a maximum of sixteen sessions of supervised therapy services over a ten week timeframe. If the claimant has not received access to therapy services (which presently appears to be the case), then the employee should be provided access to the requested form of treatment as it relates to supervised therapy services for a three time per week regimen over a total of four weeks. Presently, the available records indicate that the employee has not received the maximum amount of therapy services (which would be sixteen in

number) as supported by *Official Disability Guidelines*. Therefore, it is my opinion that the requested supervised therapy services would appear reasonable and appropriate as supported by *Official Disability Guidelines*.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*