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One Sansome Street, Suite 600
San Francisco, CA 94104-4448

415.677.2000 Phone
415.677.2195 Fax
www.lumetra.com

Notice of Independent Review Decision

Revised Report Corrected Physician Reviewer Specialty (page 2)

DATE OF REVIEW: 12-27-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy (3 weeks) or 18 sessions

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

Certified by The American Board of Physical Medicine & Rehabilitation

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC Codes	Service Units	Upheld/ Overturn
		Prospective	727.05	97100 97140 97035 97003 97004 97150	18	Upheld

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Determination Letters dated 11-12-07 and 11-21-07
Physician notes dictated 10-24-07, 6-6-2007, and 5-29-2007
Initial Required Medical Examination dated 11-12-07
Work Status Report visit 10-24-07
Official Disability Guidelines (ODG) provided

PATIENT CLINICAL HISTORY:

This claimant sustained a work related injury with the onset of pain and swelling in the right wrist noted by the claimant. During the evaluation of 5-29-07, it is documented that the cystic lesion has been present for more than a year prior to the date of injury. A ganglion cyst was diagnosed.

On the follow-up visit of 6-6-07, it is noted the cyst to be in place for four months. A very large ganglion cyst was noted on physical examination.

On 6-20-07, ganglion cyst excision/flexor carpi radialis tenolysis and neurolysis surgery was performed. By October it was noted that the claimant had four sessions of post-operative physical therapy, had returned to work full duty, and had some range of motion loss complaints. Medications prescribed included anti-inflammatory medications and pain medications.

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

Generally, post-operative physical therapy is recommended in the Official Disability Guidelines, for upwards of 18 sessions over 6 weeks after surgery. The claimant had four sessions, and the surgery was six months ago and not six weeks. The claimant has been reported as having a full range of motion (0% impairment rating) and has returned to work. While noting that up to 18 sessions can be endorsed, this is not a caveat that all 18 sessions are to be used. There needs to be competent, objective, and independently confirmable medical evidence to support the request, and none is noted in the progress notes presented.

**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 & 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)