



IRO#
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DATE OF REVIEW: 12/04/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of post-operative physical therapy to right hand/ index finger 3 times a week for 4 weeks.

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
12 sessions of post-operative physical therapy to right hand/ index finger - 3 times a week for 4 weeks	97110, 97112, 97140	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation:	Date:
Physical Therapy Progress Note –LPT –Clinic	03/16/07
Request for reconsideration letter MD - Clinic	03/23/07
Utilization Review Appeal Request – 12 sessions of physical therapy – Clinic	03/26/07
Follow-Up report –MD PA	04/05/07
Follow-Up report –MD PA	05/03/07
Utilization Review Request – 12 sessions of physical therapy – Clinic	05/08/07
Follow-Up report & Physical Medicine Referral –MD PA	07/16/07
Utilization Review request – 12 sessions of physical therapy – Clinic	07/20/07
Physical Therapy Evaluation –LPT - Clinic	08/17/07
Utilization Review request – 12 sessions of physical therapy – Clinic	08/20/07
Physical Therapy Evaluation –MD - Clinic	09/25/07
Utilization Review request – 12 sessions of physical therapy – Clinic	09/26/07

Physical Therapy progress note – LPT - Clinic	10/19/07
Utilization Review request – 12 sessions physical therapy – Clinic	10/23/07
Utilization Review – Adverse determination for Physical Therapy – Determination Criteria and Sources included –	10/25/07
Request for reconsideration letter – MD	10/31/07
Utilization Review - Request for reconsideration – Physical therapy 12 sessions -Clinic	11/01/07
Utilization Review Appeal – Adverse determination for Physical Therapy – Determination Criteria and Sources included –	11/08/07
Appeal letter – MD	11/16/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Reportedly, the claimant is a female who sustained injury to both hands on xx/xx/xx.

The claimant was evaluated by a surgeon, who recommended surgery for contracture release of the Proximal Interphalangeal Joint of the Right index finger. There is reference to the claimant undergoing a tenolysis of the flexor profundus and sublimus tendon, with exploration of the right index finger. This was followed by several months of therapy.

Then there was a preauthorization request for an additional 12 sessions of post-operative physical therapy to right hand.

On 10/25/2007, a reviewing physician issued a denial stating, “Based on the clinical information submitted fro this review and using the Evidence-Based, Peer-Reviewed Guidelines referenced above, this request for Physical Therapy Right Hand / Index Finger, 3 wk x 4 wks (97110, 97112, 97140) is non-certified.”

On 11/07/2007, a physician issued a denial on appeal, stating the claimant had received 32 sessions of therapy, to date, and “taking into account the number of formal therapy sessions already attended ... this patient has likely reached a plateau with regard to any further expected / anticipated functional improvement and / or other positive outcomes due to formal therapy. The patient should now be transitioned to an independent home exercise program.”

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

Based on the documentation provided, this request for additional physical therapy does not fall within the Evidence-Based, Medical Guidelines. The claimant is reported to have undergone a contracture release of the Proximal Interphalangeal Joint of the Right index finger, followed by 32 sessions of therapy. This exceeds the number of sessions of therapy, for others with similar conditions, as does the request for an additional 12 sessions of therapy.

In my opinion, the denial for additional 12 sessions of physical therapy should be upheld.

Physical Therapy: Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (Handoll-Cochrane, 2003) (Handoll2-Cochrane, 2003) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002)

(Handoll-Cochrane, 2006) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy (p<0.05). (Rapoliene, 2006)

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also, see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Trigger finger:

Post-surgical treatment:	9 visits over 8 weeks
Sprains and strains of wrist and hand:	9 visits over 8 weeks
Open wound of finger or hand:	9 visits over 8 weeks.

In my opinion, the denial for additional 12 sessions of physical therapy should be upheld.

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

ODG:

ODG Treatment / Integrated Treatment/Disability Duration Guidelines / Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") / Physical Therapy

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 12/04/2007.