



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 29, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization for physical therapy 3 x 4 weeks.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

Review Outcome:

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested physical therapy is not medically necessary.

Information provided to the IRO for review:

Records from the State:

IRO request documentation undated 8 pages
Notice of assignment of IRO dated 6/14/07 1 page
Form for requesting IRO undated 1 page

Records from provider:

Cover letter dated 6/14/07 1 page
Notice of assignment of IRO dated 6/14/07 2 pages
Request form for IRO undated 3 pages
Physical therapy order sheet 3/12/07 1 page
PT initial evaluation 3/22/07 2 pages
Patient face sheet 3/27/07 1 page
Pre-authorization request 3/30/07 1 page
Notification of determination letter 4/4/07 3 pages
Reconsideration request 4/12/07 1 page
Notification of determination letter 4/19/07 3 pages
Consultation notes 4/27/07, 5/18/07 4 pages

Records from Concentra:

Notice of assignment of IRO dated 6/14/07 1 page
Office notes; 10/6/06, 10/23/06, 11/3/06, 11/15/06, 12/6/06 5 pages
Individual counseling prescription 5/3/07
Consultation note 3/12/07 2 pages
Consult note 4/27/07 1 page
Referral for individual counseling 5/3/07 1 page
Behavioral medicine consultation and addendum 5/7/07 5 pages
Case information sheet undated 1 page
Authorization request for behavioral health treatment 5/29/07 1 page

Patient clinical history [summary]:

The patient is a male who sustained a right thumb laceration. Surgery was apparently done. Physical therapy was requested and preauthorization coverage was denied. The reason given for the denial was that the patient already had undergone eight therapy sessions and guidelines allow up to nine treatment sessions. The reviewer was unable to reach the requesting physician to obtain additional information. There was an appeal and the prior decision was upheld. The reviewer was again unable to obtain any additional information and was unable to speak with the patient's physician.

The patient was seen in consultation on 4/27/07. This note indicates that the patient had the surgery for repair of the first distal interphalangeal (DIP). The note indicates that the patient had therapy, but continues to have significant pain and resultant reduced range of motion. He was seen again on 5/18/07 and the note indicates that the patient is unable to make a fist. The patient was seen by a licensed professional counselor on 5/7/07 and the recommendation was for weekly individual counseling sessions over the following six weeks to help the patient cope with the pain and his injury.

The physician procedure note indicates that the patient's injury was the saw going through the IP joint of the right thumb. There was also a laceration of the extensor tendon. The wound was cleaned and the tendon was repaired. Bone fragments and spurs at the joint were removed. The thumb was placed into a cast. The cast and sutures were removed on 10/23/06 and he was recasted. He was seen on 11/15, the cast was removed and the patient was to start range of motion and strengthening exercises. He continued to have pain and when seen on 12/6 was given a Medrol dosepak as well as Neurontin. He was returned to regular duty work on that date.

The patient had 12 therapy sessions, per the documentation. The patient then started care at the present provider where the request for additional therapy was made and coverage denied as noted above.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

There is agreement with the denial of certification for therapy. This patient had 8 or 12 therapy sessions after coming out of the cast. The patient had a limited injury to the IP joint of the thumb. The patient did develop discomfort and it appears from the notes that the pain has persisted and has spread to other areas. The documentation indicates a mild decrease in range. There does not appear to be a functional deficit caused by the minimal decrease in range at that joint. It appears that the patient's problem is the pain and the generalization of the pain problem. When seen on 3/12/07 the only deficit noted was decreased range of motion in the first digit. The therapy evaluation of 3/22/07 indicated a 2 mm gap between the thumb and little finger on opposition testing. The notes of 4/27/07 only indicate decreased range of motion in the right thumb. The 5/18/07 note indicates the patient is unable to make a fist, and there is no rationalization documented for this major change in patients function. The only likely explanation based on review of these notes, is generalization of the pain by the patient. The notes state that the patient has weakness and difficulty lifting, but there is no documentation of any neuromuscular deficit to cause this. It would appear that these are pain induced difficulties.

There is no literature support for additional physical therapy in patients that have gone through

therapy and have developed a general chronic pain pattern. ODG guidelines note that for physical therapy in patients with pain related problems, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)". After the initial 8 or 12 sessions the patient should be independent in this exercise program especially since the problem was limited to thumb IP range of motion. Guidelines appear to recommend early intervention for chronic pain patients "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis". This patient appears to satisfy these guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Clinical review

ODG Guidelines at <http://www.odg-twc.com/odgtwc/pain.htm#Painmanagementprograms> and
<http://www.odg-twc.com/odgtwc/pain.htm#Procedure Summary>