



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 06/11/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Outpatient physical therapy three times per week for four weeks.

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

Texas License and currently on TDI DWC ADL.
Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Handwritten notes (very difficult to read) which appeared to be physician documentation dated 12/06/06, 12/13/06, 12/20/06, 12/29/06, 04/11/07, 04/25/07, 04/28/07, & 05/09/07.
2. Documentation from physical therapy dated 04/13/07, 04/16/07, 04/18/07, & 04/19/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The medical records available for review document the employee reportedly sustained an injury in the workplace on xx/xx/xx.

A physician evaluation was accomplished on xx/xx/xx, and the employee was with complaints of left hand pain. It was documented that a “resident hit her hand”. Unfortunately, the medical documentation was difficult to read. It was indicated that the employee was diagnosed with a left thumb/palm contusion.

A physician evaluation was conducted on xx/xx/xx, at which time the employee was essentially allowed to return to work without restrictions.

A physician reevaluation was conducted on 04/11/07, and the employee was with complaints of recurrent pain in the left thumb. The employee was provided a left thumb spica splint.

The employee was reevaluated on 04/25/07, and it was recommended that she received treatment in the form of physical therapy.

The records indicate the employee received supervised therapy services at physical therapy on 04/13/07, 04/16/07, 04/18/07, and 04/19/07.

A physician evaluation was conducted on 05/09/07, and the claimant was again diagnosed with a left thumb contusion and tendonitis.

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

The medical documentation was difficult to read as it was somewhat illegible.

On xx/xx/xx, an x-ray was accomplished which revealed no evidence of a fracture. However, the type of x-ray was not indicated. However, the medical records would appear to indicate that the type of medical condition referable to the work injury of xx/xx/xx is a left hand contusion. Generally, such a medical condition would be considered self-limiting in nature.

ACOEM Guidelines and *Official Disability Guidelines* would not support a medical necessity for current treatment in the form of physical therapy for the described medical condition when the employee is this far removed from the onset of symptoms. The documentation does not indicate there was objective diagnostic testing accomplished to support that there was a significant injury sustained to the bony structures or soft tissues of the left hand. The records indicate that the employee was essentially released from active medical care on xx/xx/xx. *ACOEM Guidelines* and *Official Disability Guidelines* would support that there should be objective evidence of significant pathology in the symptomatic body regions to support a medical necessity for current medical treatment as it relates to the work injury of xx/xx/xx. The available medical documentation indicates the primary medical condition present as a result of the work injury of xx/xx/xx was that of a contusion. Supervised therapy services would not typically be considered a medical necessity for such a medical situation this far removed from the date of injury/onset of symptoms.

Therefore, the medical documentation provided for review supports that the primary medical condition present as a result of the work injury of xx/xx/xx is a contusion. This injury is approximately six months in age. The employee was released to regular work activities approximately five and one-half months ago. *ACOEM Guidelines* and *Official Disability Guidelines* would support an expectation that treatment in the form of supervised therapy services this far removed from the onset of symptoms would not be expected to enhance functional capabilities or change pain symptoms this far removed from the date of injury. Therefore, supervised therapy services at the current time would not be a medical necessity.

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. *ACOEM Guidelines*
- B. *Official Disability Guidelines*