



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

Notice of independent Review Decision

DATE OF REVIEW: May 1, 2007

IRO Case #:

Description of the services in dispute:

PT/OT 3x wk x6 wks right hand and digits.

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

The physician who provided this review is certified by the American Board. This reviewer is licensed in three states and has privileges at three hospitals. This physician has been the Chairman, a Staff, of Surgery. This physician is a Diplomate, the Arthroscopy Association, the Association and other local associations. This reviewer has been in active practice since 1989.

Review Outcome:

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

Overtured.

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.

PT/OT 3x wk x6 wks right hand and digits is medically necessary.

Information provided to the IRO for review:

Records from the State:

Letter from, dated 4/16/07 1 page

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IRO submittal information undated 9 pages
Notification of determination dated 3/26/07 4 pages
Reconsideration review dated 4/4/07 4 pages

Records from Requestor:

Letter from dated 4/17/07 2 pages
Notification of determination dated 3/26/07 4 pages
Reconsideration review dated 4/4/07 4 pages
PT/OT record 2/19/07–3/15/07 5 pages
Physician follow up visit dated 2/9/07
Clinic note dated 3/1/07 1 page
Physician follow up note dated 2/9/07 1 page
Operative report dated 2/9/07 4 pages
Clinic note dated 2/1/07 1 page
OT referral dated 2/19/07 1 page
PT/OT notes 2/23/07–03/06/07 5 pages
Work status report dated 2/19/07, 3/1/07 2 pages
Clinic notes dated 6/26/06, 10/13/06, 10/16/06, 12/14/06 4 pages

Records from Provider:

Clinic notes 3/1/07 and 3/26/07 2 pages
Operative report 2/9/07 4 pages
Clinic notes 2/1/07, 1/22/07 3 pages
Consult report dated 1/8/07 4 pages
Clinic notes 3/28/05, 4/18/05, 5/20/05, 6/20/05, 7/18/05, 4/25/06, 10/16/06, 12/14/06 9 pages
Operative note dated 3/15/05 3 pages
Clinic notes 5/14/04, 10/15/04, 10/22/04, 12/13/04, 01/24/05, 03/07/05 6 pages

Patient clinical history [summary]:

This patient is a male individual who underwent a ray resection to his long finger. This was performed on xx/xx/xx. He also underwent excision of neuroma with digital nerve repair. His date of injury was listed as xx/xx/xx. He has had 4 prior PT/OT visits. He is currently involved in a home program. His physician has requested PT/OT.

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

This individual requires continued OT/PT as requested by his treating physician. He has continued subjective complaints and objective findings on physical examination. He has limited range of

motion to the remaining digits. The motion deficits are significant and would benefit from PT/OT services. His surgery was extensive and complex. He underwent a resection of his metacarpal/long finger and digital nerve repair. His pain level is 4/10 and requires desensitization as requested by the therapist. These treatments cannot be adequately performed in a home environment.

ODG Guidelines are not specific for amputation and nerve repair. Post surgical treatment for open wound of finger or hand would be appropriate. (9 visits over 8 weeks)

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

ODG Guidelines

1: Hand Surg. 2003 Jul;8(1): 47-51.

The functional results of ray amputation. Melikyan EY, Beg MS, Woodbridge S, Burke FD.
The Pulvertaft Hand Centre, Derbyshire Royal Infirmary, London Road, Derby DE1 2QY, UK.
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