INDEPENDENT REVIEW INCORPORATED

October 9, 2007

DATE OF REVIEW: 10/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical therapy two times per week for three weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., American Board of Physical Medicine and Rehabilitation, American Academy of Physical Medicine and Rehabilitation, North American Spine Society

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations **for physical therapy twice weekly for three weeks** should be:

__X___Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. TDI case assignment
2. Carrier's letters of denial, review guidelines, and medical records review 10/06/06 through 09/11/07
3. Report of injury dated xx/xx/xx
4. Work status reports dated xx/xx/xx through 08/24/07 (21)
5. Reports of medical evaluation dated 01/29/07 and 05/21/07
6. Impairment determination dated 01/29/07
7. Physical therapy evaluation (undated) and physical therapy progress notes dated 08/13/07 through 08/27/07, and physical therapy preauthorization requests dated 08/28/07 and 09/05/07
8. History and physical dated 07/04/07 and follow up 08/08/07
9. Radiology reports dated 08/06/07
10. Initial Behavioral Medicine consultation dated 08/08/07
11. Operative report dated 10/19/06
12. Occupational Medicine evaluation and treatment dated 08/07/06 through 01/18/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The claimant is a xx-year-old female who hyper-extended her right wrist, thumb, and forearm while at work on xx/xx/xx. She was trying to catch a falling client. Diagnosis was sprain, distal radial avulsion fracture, first dorsal compartment tenosynovitis (de Quervain's), scapholunate ligament tear, carpal tunnel syndrome, and major depressive disorder. Treatment has consisted of occupational therapy, physical therapy, nonsteroidal anti-inflammatory medications, hydrocodone, and Lyrica. On 10/19/06 she had a de Quervain's tenosynovitis release per M.D. She had occupational therapy for nearly five months and nine-plus physical therapy visits. Maximum medical improvement was reached on 01/19/07.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
Regarding the items in dispute and this patient's afore-described history, I believe the adverse determination should be upheld. Carpal tunnel syndrome is a clinical diagnosis. This patient has undergone electrodiagnostic studies by report, and it is mentioned in the records that she has abductor pollicis brevis severe atrophy. Considering this information and her history of multiple physical therapy and occupational therapy visits, I am of the opinion that additional physical therapy is not medically necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
__X __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.
__X___Peer reviewed national accepted medical literature: Dr. Feuerstein, 1999, and

Cochrane, 2003 and 2004 work regarding carpal tunnel syndrome; Mayo Clinic Proceedings-Supplement on carpal tunnel syndrome; Dr. William Braddom's textbook on Physical Medicine and Rehabilitation

_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)