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IRO NOTICE OF DECISION - WC

DATE OF REVIEW: 09-27-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Physical Therapy 3xWk x 4Wks – Neck / Right Shoulder / Elbow

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Certified by The American Board of Orthopaedic Surgery

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

☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/ Overturn
xx/xx/xx	xxxxxxxxx	Prospective	923.3	97039 97014 97140 97110	12 12 12 12	Upheld Upheld Upheld Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Notice of Determination 09-11-07
Notice of Determination (reconsideration) 09-17-07
Medical notes xx/xx/xx, 05-09-07, 05-18-07, 06-01-07, 06-07-07, 07-06-07, 07-12-07, 07-30-07, 08-24-07
Physician Prescription 06-07-07
Initial Evaluation 06-14-07
Progress report 07-05-07
Patient Evaluation and Plan of Care 09-05-07
Appeal letter 09-12-07
Designated Doctor Evaluation 08-11-07

MRI of the Right Hand 08-18-07
Notice of Disputed Issue and Refusal to Pay 06-02-07
ODG Physical/Occupational Therapy Guidelines
ODG 2007, Internet, Forearm, Wrist & Hand, Neck &Upper Back, Shoulder, and Elbow Chapters

PATIENT CLINICAL HISTORY:
The claimant is a gentleman who reportedly was struck on the dorsum of the hand by a high-speed buffer device. The claimant was evaluated in the Emergency Room and was reported to have a contusion to the dorsum of the hand and a finger sprain. Conservative measures were started. The injured employee was evaluated by his internist and then sent for physical therapy. After a month, there was little if any improvement reported by the claimant. Occupational and physical therapy continued. After several months of no improvement, an orthopedic referral was made. Again the diagnosis was contusion and finger sprain. The complaints continued, and additional physical therapy was noted.

Three months after the date of injury, with no improvement in the overall clinical situation (the physical examination was the same and the complaints continued), the “pain” escalated up the arm into the elbow, shoulder, and neck. The claimant was discharged from the orthopedist (return on a P.R.N. or as needed basis) and sent back to the internal medicine provider who is seeking additional physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
In the opinion of the Reviewer, the disputed service requested for this claimant is clearly not medically necessary. There is no objective basis for this request or for the complaints. There are no findings reported on plain radiographs or on MRI to support the complaints. The lack of response to prior physical therapy and occupational therapy would also be an eliminator to continued modalities. Lastly as noted in the Official Disability Guidelines (ODG) such a therapy is initially “Recommended. Positive (limited evidence) 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)" As guidance for specific amounts of therapy the following is noted:
Sprains and strains of wrist and hand:
9 visits over 8 weeks
Therefore there is no clinical indication or support in the literature for this additional intervention, particularly without any objectification of any pathology.

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code chapter 4201, Labor Code § 413.032, and § 12.203 of the Texas Administrative Code title 28.

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

- ☐ **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**
- ☒ **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**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**