COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: 4/21/08

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 12 occupational therapy sessions, 3 times a week for 4 weeks, to the left hand.

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

Texas licensed orthopedic surgeon.

REVIEW OUTCOME:

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

□ Upheld (Agree)

X Overturned (Disagree)

□ Partially Overturned (Agree in part/Disagree in part)

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 previously denied request for 12 occupational therapy sessions, 3 times a week for 4 weeks, to the left hand.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Nurse UM Summary dated 4/15/08, 4/9/08.
- Fax Coversheet/Authorization Request dated 4/11/08, 3/17/08, 3/11/08.
- Post Operative Visit dated 4/8/08, 3/11/08, 2/19/08, 2/7/08.
- Peer Review dated 3/14/08.
- Occupational Therapy Progress Note dated 3/10/08.
- Phone Records dated 2/20/08, 2/1/08.
- Operative Report dated 2/1/08.

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury: Crush injury.
Diagnosis: Open comminuted fracture, proximal phalanx, right index finger with disruption of extensor tendon, status post open reduction and internal fixation (ORIF) with pinning of proximal phalanx, right index finger and palmaris longus tendon graft repair, extensor tendon, right index finger.

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

The patient is a xx-year-old male with the date of injury of xx/xx/xx. The mechanism of injury was while working on an oil rig he sustained a crush injury to the left index finger. The diagnoses were open comminuted fracture, proximal phalanx, left index finger with disruption of extensor tendon at the fracture site and open reduction and internal fixation with pinning of proximal phalanx, left index finger, and palmaris longus tendon graft repair, extensor tendon, leftindex finger.

The patient was taken to surgery the day of the injury where irrigation, debridement, and reduction with K-wire fixation of the proximal phalanx was performed and a tendon autograft with palmaris longus was performed to the

extensor tendon over the fracture site. Postoperatively, the patient as of March 10, 2008, had received nine sessions of physical therapy and still had significant range of motion deficits of the index finger. The middle finger also had deficits but had much better progression of motion than noted with the index finger.

The March 11, 2008 note by Dr. indicated 45 degrees metacarpal phalangeal (MP) joint motion, but only 10 degrees active proximal interphalangeal (PIP) motion. When he then evaluated the patient on April 8, 2008, there was still 40 to 45 degrees MP joint but now essentially no active PIP joint, 5 to 10 degrees passive PIP joint motion with only 50 degrees of the middle finger PIP motion and request for further physical therapy was noted.

The rationale for full certification of this request is: 1) This is an open comminuted fracture of the proximal phalanx, 2) The tendon injury was over the open fracture, and 3) The tendon injury was of such magnitude it required grafting. This complex of injury is ripe for significant adhesion and scarring. *Green's Operative Hand Surgery*, Page 733, notes that injury to the soft tissue sleeve usually as a result of a crushing injury, may severely compromise digital mobility. Woods is quoted as final range of motion after proximal phalangeal fractures depends not only on bony union but restoration flexor and extensor excursion which may be limited, especially when there is an open fracture with soft tissue compromise. The treatment they indicate as an appropriate selection must be tailored to the individual patient and fracture. Therefore, at this time, due to the nature of this injury and in line with *Green's Operative Hand Surgery*, 12 additional occupational therapy sessions would be appropriate for this patient.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Arm and hand-Physical therapy. "Fracture of one or more phalanges of hand (fingers): Complicated, 16 visits over 10 weeks."

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.

□ TEXAS TACADA GUIDELINES.

□ TMF SCREENING CRITERIA MANUAL.

□ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).
Green's Operative Hand Surgery, page 733