



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

Amended Review 08/27/08

DATE OF REVIEW: August 25, 2008

IRO Case #:

Description of the services in dispute:

Medical necessity for 12 additional PT sessions.

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

This reviewer received a Doctor of Chiropractic (DC) in 1976 and began private practice that same year. This reviewer has been performing utilization and peer reviews since 1984. In addition to multiple state licensures, this reviewer is a Licensed Insurance Consultant. This reviewer is a Diplomate of the American Board of Quality Assurance and Utilization Review Physicians (DABQAURP), Certified in Health Care Quality and Management (CHCQM). This reviewer is also a Senior Disability Analyst and Diplomate of the American Board of Disability Analysts ((D)ABDA). This reviewer has certificates of successful completion of the following courses and examinations: Utilization Review and Quality Assurance, Impairment Rating, Industrial Disability Examiner, Disability Impairment Rating, Independent Medical Examination, and Disability Evaluation. This reviewer is a National Strength and Conditioning Association Certified Strength and Conditioning Specialist, re-certified with distinction (CSCS*D). This reviewer is also a National Strength and Conditioning Association Certified Personal Trainer, re-certified with distinction (NSCA-CPT*D). This reviewer is also a Certified Hypnotherapist (CHt). This reviewer's private practice, five full days per week, has included the evaluation and treatment of musculoskeletal conditions, pre-employment physical and x-ray examinations, pre-employment drug screen urine collection and submission to lab, courtesy scoliosis screens for the local schools, impairment rating, independent medical examinations, and utilization and peer review. This reviewer has been a guest speaker at the Insurance Consultant program at a major chiropractic college.

Review Outcome

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

Upheld

Medical necessity for 12 additional PT sessions is not supported by ODG guidelines.

Information provided to the IRO for review

Records received from the State:

Confirmation of Receipt of a request for a review by an IRO

Request for a review by an IRO

Adverse Determination Letter, 07/10/2008 and 07/25/08

Notice to Medical Review Institute of America, 08/14/2008

Records received:

Notice of Assignment of Independent Review Organization, 08/14/2008

IRO Request Summary, 08/14/2008

Letter from D.C. 03/18/2008

Patient Information/Statement of Medical Necessity, 08/08/2008

Consultation record from MD, 02/28/2008

X-ray interpretation from MD, 02/28/2008

Left wrist MRI report, 01/16/2008

Left hand MRI report, 01/17/2008

Left shoulder MRI report, 11/17/2007

Electrodiagnostic study report, 12/03/2007

Electrodiagnostic results, 12/03/2007

Note from MD, 04/18/2008 and 05/16/2008

Letter from MD, 04/30/2008 and 12/27/2007

Operative report from MD, 09/05/2007

Surgeon's comments from MD, 09/24/2007

Records received:

FAX cover sheet from IMO, 08/15/2008

Notice to Utilization Review Agent of Assignment of Independent Review Organization, 08/14/2008,

Notice of Disputed Issues and Refusal to Pay Benefits, 04/22/2008

Report of Medical Evaluation

Texas Workers' Compensation Work Status Report

Letter from MD, 12/27/2007

Adverse Determination Letter, 07/10/2008

Request for Reconsideration

Request for Preauthorization
Rehabilitation Request, 07/01/2008
Patient Re-Evaluation, 06/30/2008
Adverse Determination Letter, 07/25/2008
Request for Preauthorization
Rehabilitation Request, 07/01/2008
Patient Re-Evaluation, 06/30/2008

Patient clinical history [summary]

Patient reportedly experienced an industrial injury on xx/xx/xx, when he was struck on the left shoulder, forearm and thumb by a piece of steel. Patient underwent ligament reconstruction of MP and CMC joints by MD, in 09/05/2007. On 09/05/2007 Dr. recommended physical therapy to begin as soon as possible.

On 12/27/2007, MD, examined patient and diagnosed left thumb fracture, left shoulder sprain, and Reflex Sympathetic Dystrophy left thumb. Dr. determined patient had achieved Maximum Medical Improvement as of 12/27/2007.

Patient was evaluated by MD, on 02/28/2008. Dr. diagnosed left upper extremity pain, radial sensory nerve injury by history, and left wrist and thumb crush injury. Dr. advised patient he had nothing to offer surgically. Dr. recommended patient continue in pain management, and advised patient to make every attempt to use his hand.

He has subsequently been diagnosed with complex regional pain syndrome (CRPS).

Patient has reportedly already been approved for approximately 34 physical therapy sessions for the left hand/wrist, shoulder and thumb, prior to the recent request by DC, for an additional 12 physical therapy sessions.

Dr. is presently requesting 12 sessions of physical therapy to include supervised therapeutic exercises and manual therapy.

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

Question 1: 12 sessions of physical therapy.

Medical necessity for 12 additional physical therapy sessions is not supported. ODG does not support medical necessity for an additional 12 sessions of physical therapy for this claimant.

This patient has been diagnosed with complex regional pain syndrome (CRPS), a diagnosis that is used to describe pain in any part of the body that is out of proportion to the degree of injury.

This individual had been authorized for 34 physical therapy sessions prior to the recent request for 12 additional sessions. During physical therapy sessions patients are instructed and expected to continue active therapies at home in order to maintain improvement levels. During prior physical therapy sessions this individual should have received adequate instruction in order to continue with a home exercise program. The activities supported by ODG do not require special equipment or gym setting in order to be performed, and they do not require ongoing licensed supervision. The self-directed individual can perform the activities supported by ODG in the privacy of their own home and at their convenience without medical necessity for ongoing licensed supervision.

Patient was determined Maximum Medical Improvement as of 12/27/2007.

Relative to this individual's diagnosis, (CRPS), ODG recommends 26 physical therapy visits over 16 weeks. The records provided for this review do not report acute exacerbation, new injury or new condition in order to support medical necessity for the additional physical therapy sessions exceeding ODG recommendations.

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

The records provided for this review do not report acute exacerbation, new injury or new condition. The submitted documentation does not support medical necessity for 12 additional physical therapy sessions exceeding ODG recommendations.

ODG-TWC, 2008 online edition, Pain Chapter, Procedure Summary Section, Physical Therapy.