

Notice of Independent Review Decision

DATE OF REVIEW: 8/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility; 3 x week x 4 weeks

97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes; 3 x week x 4 weeks

97530 - Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes; 3 x week x 4 weeks

97013 - Application of a modality to one or more areas; 3 x week x 4 weeks

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Univ of Oklahoma College of Medicine and completed training in Family Practice Wilford Hall Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Family Practice since 1976.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

97110 - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility; 3 x week x 4 weeks Upheld

97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes; 3 x week x 4 weeks Upheld

97530 - Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes; 3 x week x 4 weeks Upheld

97013 - Application of a modality to one or more areas; 3 x week x 4 weeks Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old female who presented with a diagnosis of wrist pain and tenosynovitis. She states that pain increased gradually. Her provider is recommending 12 physical therapy sessions.

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

The injured worker is a xx year old female with a DOI of xx/xx/xx who presented with a diagnosis of wrist pain and tenosynovitis. She states that pain increased gradually for a week prior to the DOI. The pain was intermittent initially and was associated with numbness and tingling in the left hand. The requested service is PT sessions. The injured worker had a CTR 8 years prior to this episode, and the symptoms were different. This chart consists of multiple work status reports and hand-written provider notes (minimally legible) with the most recent ones dated

7/9/08), PT notes (5/7, 5/9, 5/13), a PT evaluation on 6/5/08 which indicated that the injured worker had to be able to lift 50 pounds to return to full duty, a Work Comp initial report dated 5/14/08, an MRI report dated 5/20/08 which was consistent with CTS, an x-ray report dated 5/14/08 which was unremarkable, a request for reconsideration dated

7/9/08, an ortho consult/clinical review dated 7/18/08, a dispute resolution note dated 7/23/08, and some

documentation from an unrelated medical incident dated 8/04. The injured worker was apparently allowed to remain at work from 5/15/08 through 6/15/08.

The injured worker apparently has had at least three sessions of PT. According to the diagnoses that have been considered, the following number of sessions could be considered: for medical treatment of radial styloid tenosynovitis - 12 visits over 8 weeks; for medical treatment of sprains and strains of wrist and hand - 9 visits over 8 weeks. In terms of just the number of sessions, anything more than 6 to 9 additional sessions of therapy fall outside of the ODG guidelines. The request for additional treatments 3 times per week for 4 weeks exceeds the guideline recommendations. Therefore, the previous denial is upheld.

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

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)