Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 visits chiropractic/physical therapy (active modalities) bilateral wrists

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

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)

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 reviewer finds that medical necessity does not exist for 12 visits chiropractic/physical therapy (active modalities) bilateral wrists.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/7/08, 11/25/08
ODG Guidelines and Treatment Guidelines

Letter from Law firm to IRO, 12/15/08
, 10/29/08, 11/12/08, 12/15/08
, MD, 11/19/08
MRI of Left Wrist, 11/15/08
, MD, 10/17/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old right handed female with a reported injury date of xx/xx/xx. Her job involved operating a spray gun in the right hand. Dr. felt that there may be carpal tunnel syndrome based upon tingling in the left wrist and index finger. He advised a splint and an NCV. Dr. described pain along the second ray. An MRI of the left hand showed abutment of the left lunate against the ulna. Dr. felt there is a bilateral overuse syndrome and requested 12 sessions of undefined chiropractic treatment and therapy. There is a check off list of examination that reported pain radiation to the upper extremities. There was pain described with wrist motion.

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

It is unclear from the medical records provided for review what the working diagnosis is for this patient or what specific type of active therapy is being requested. The ODG recommendations for soft tissue problems such as strains/sprains, joint pain, synovitis and tenosynovitis are generally 1 visit per week over 8 weeks. This request exceeds the recommendations in the guidelines. There is nothing that has been provided in the record to warrant the intensity of 4 therapy sessions a week for 3 weeks. The reviewer finds that medical necessity does not exist for 12 visits chiropractic/physical therapy (active modalities) bilateral wrists.

Physical/ Occupational therapy
Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. 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) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy ($p<0.05$). (Rapoliene, 2006)

ODG Physical/Occupational Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Trigger finger (ICD9 727.03):
Post-surgical treatment: 9 visits over 8 weeks
Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):
Medical treatment: 12 visits over 8 weeks
Post-surgical treatment: 14 visits over 12 weeks
Synovitis and tenosynovitis (ICD9 727.0):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 14 visits over 12 weeks
…Sprains and strains of wrist and hand (ICD9 842):
9 visits over 8 weeks
…Pain in joint (ICD9 719.4):
9 visits over 8 weeks
Arthropathy, unspecified (ICD9 716.9):
Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks
Amputation of thumb; finger (ICD9 885; 886):
Medical treatment: 18 visits over 6 weeks
Post-replantation surgery: 36 visits over 12 weeks

Exercises

Recommended. Recommend specific hand and wrist exercises for range of motion and strengthening. Patients should be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Stretching exercises as recommended by AAOS have positive, limited evidence. (Various) (Handoll-Cochrane, 2002) (Handoll, 2006) There is limited evidence that nerve and tendon gliding exercises and wrist splinting result in superior static two-point discrimination compared to wrist splinting alone in the medium-term. Limited evidence suggests that exercise plus wrist splinting and wrist splinting alone provide similar improvement in symptoms, hand function, grip strength, pinch strength, Phalen's sign, Tinel's sign and patient satisfaction. (O'Conner-Cochrane, 2003)

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)**