



5068 West Plano Parkway Suite 122  
Plano, Texas 75093  
Phone: (972) 931-5100

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/23/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Occupational Therapy 3 x 8 weeks, Right wrist, 11/13/2008-11/26/2008

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

**REVIEW OUTCOME:**

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

Partially Overturned

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Occupational Therapy 3 x 8 weeks, Right wrist, 11/13/2008-11/26/2008	97003, 97112, 97140, 97110, 97760		Partially Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The records available for review document that the claimant sustained an injury in the workplace on xx/xx/xx when the claimant sustained blunt trauma to the right thumb.

Since the date of injury, a total of four surgical procedures have been performed to the right upper extremity. On 4-4-06, the claimant underwent a right thumb suspension arthroplasty with a trapeziectomy and a right extensor carpi radialis longus tendon transfer.

On 5-14-07, the claimant underwent a right radial nerve neurolysis and right DeQuervain's release.

On 4-7-08, the claimant underwent a right radial neuroectomy and implantation of the right radial nerve into the proximal forearm musculature.

On 10-13-08, the claimant underwent a right abductor pollicis longus tenolysis, a right extensor pollicis brevis tenolysis of the wrist, an excision of a neuroma from the right radial nerve, implantation at the

right radial nerve, superficial branch into the proximal musculature and a right FCR release.

The last physician document available for review is dated 12-4-08. On that date, it was documented that "this patient may require chronic pain management."

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

Item in dispute is occupational therapy three times a week for eight weeks for the right wrist.

The records available for review do document that the claimant has received an extensive amount of surgical intervention to the right upper extremity as described above.

The most recent surgical procedure was accomplished on 10-13-08. Based upon the records available for review, per criteria set forth by Official Disability Guidelines, a total of fourteen sessions of therapy services over a maximum of a twelve week time frame would appear reasonable and appropriate.

The records available for review do reflect that the claimant previously received access to treatment in the form of physical therapy since the date of injury. It is also documented that the claimant is with chronic pain symptomatology.

Per criteria set forth by the above noted reference, it would be realistic to expect that an individual should be capable of a proper non-supervised rehabilitation regimen after a course of therapy services, as outlined above are provided to an individual.

I would agree to partially overturn the previous decisions. As stated above, per criteria set forth by Official Disability Guidelines, a total of fourteen sessions of therapy services over a maximum of a twelve week time frame would appear reasonable and appropriate.

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision: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](#).

**Fracture of carpal bone (wrist) (ICD9 814):**

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

**Fracture of metacarpal bone (hand) (ICD9 815):**

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

**Fracture of one or more phalanges of hand (fingers) (ICD9 816):**

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

**Fracture of radius/ulna (forearm) (ICD9 813):**

Post-surgical treatment: 16 visits over 8 weeks

**Dislocation of wrist (ICD9 833):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks

**Dislocation of finger (ICD9 834):**

9 visits over 8 weeks

Post-surgical treatment: 16 visits over 10 weeks

**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

**Mallet finger (ICD9 736.1)**

16 visits over 8 weeks

**Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):**

Post-surgical treatment: 12 visits over 8 weeks

**Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):**

Post-surgical treatment: 18 visits over 6 weeks

**Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):**

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

**Sprains and strains of wrist and hand (ICD9 842):**

9 visits over 8 weeks

**Sprains and strains of elbow and forearm (ICD9 841):**

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

**Open wound of finger or hand (ICD9 883):**

9 visits over 8 weeks. See also [Early mobilization](#) (for tendon injuries).

**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

**Amputation of hand** (ICD9 887):

Post-replantation surgery: 48 visits over 26 weeks

**Work conditioning** (See also [Procedure Summary](#) entry):

12 visits over 8 weeks

**Carpal tunnel syndrome** (ICD9 354.0):

Medical treatment: 1-3 visits over 3-5 weeks

Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks

Post-surgical treatment (open): 3-8 visits over 3-5 weeks

ODG: