



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

AMMENDED REPORT 1/30/08

DATE OF REVIEW: January 17, 2008

IRO Case #:

Description of the services in dispute:

1. Medical Necessity of Left finger (index) 2x4 Physical therapy.

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

The physician who provided this review is board certified by the American Board of Physical Medicine and Rehabilitation and the American Board of Pain Medicine. This reviewer is a member of the American Academy of Physical Medicine and Rehabilitation and the American Academy of Pain Medicine. This reviewer has been in active practice since 2003.

Review Outcome:

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

Upheld.

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 requested Physical Therapy is not medically necessary.

Information provided to the IRO for review

Records Received from the State:

Confirmation of receipt of a request for an IRO 12/28/07 5 pages

Request for an IRO 12/28/07 3 pages

Review determination 11/12/07 3 pages

Review determination 12/20/07 3 pages

ODG Guidelines were not provided for review.

Patient clinical history [summary]:

The patient is a xx-year-old female whose date of injury is xx/xx/xx. She had a crush injury to the left hand. 36 sessions of PT have been completed so far. She is typing extensively. She reports that her left middle and index fingers are achy. On exam she has no noted sensory deficits her extension is lacking 10 degrees in the index and middle finger. She has a crush injury with a fracture of the middle proximal phalanx. Request is for PT 2x a week for 4 weeks with #97018 paraffin bath therapy.

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

The patient has had extensive PT with 36 sessions and additional PT is not medically necessary. She is able to type extensively. She should be able to continue with a self-directed home exercise program.

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

Minor, 8 visits over 5 weeks

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

2008 Official Disability Guidelines, 13th edition
Treatment index, section Forearm, Wrist, & Hand

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