

Notice of Independent Review Decision

DATE OF REVIEW: 1/2/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 times per week for 4 weeks, left hand

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Tennessee, College of Medicine and completed training in Orthopaedics at Vanderbilt University Hospital. He completed a General Surgery Residency at University of California, San Diego. 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 Orthopaedics since 9/14/1973.

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)

Physical therapy 3 times per week for 4 weeks, left hand Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 12/13/2007
2. Confirmation of receipt dated 12/13/2007
3. IRO request form dated 12/14/2007
4. Request for a review dated 12/13/2007
5. Clinical note by MD, dated 11/15/2007
6. Review summary by MD, dated 11/3/2007
7. Clinical note by MD, dated 11/27/2007
8. Review summary by MD, dated 11/26/2007
9. Notice to air analyses by, dated 12/14/2007
10. Clinical note dated 12/14/2007
11. Notice of assignment by, dated 12/14/2007
12. Clinical note by MD, dated 10/30/2007 and 11/27/2007
13. Operative report dated 9/5/2007
14. Clinical note dated 9/17/2007
15. Operative report dated 9/5/2007
16. Clinical note dated 10/9/2007
17. Office visit dated 11/9/2007
18. Official Disability Guidelines

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a xx year old female with carpal tunnel syndrome and trigger thumb of the left wrist. She underwent median nerve neuroplasty of the wrist, ulnar nerve neuroplasty of the wrist, nine tendons synovectomy at the wrist, and separate incision, and left trigger thumb release on 9/5/2007. She has completed 18 physical therapy visits. A request has been made for additional physical therapy.

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

On 10/30/2007 Dr. stated that the patient needs to be in therapy "for at least another month." On 11/27/2007 he noted that "she is clearly better, but clearly needs more therapy. The patient has limited range of motion and

needs some desensitization." The patient has completed 18 physical therapy visits the since 09/05/2007 surgery. Dr., on 11/09/2007, noted that the patient was "still complaining of some soreness and weakness in her left hand and wrist." He reiterates Dr. 10/03/2007 office visit for "more aggressive physical therapy treatments," and recommends 12 sessions, 3 times weekly. Dr. did not provide a physical examination of the patient.

The Official Disability Guidelines recommend 9 visits over 8 weeks post trigger finger release (the patient had a trigger thumb release concurrent with median and ulnar nerve decompression at the wrist). The Official Disability Guidelines also recommend 3-8 visits over 3-5 weeks after carpal tunnel release. It is also noted that a tenosynovectomy was performed to provide further median nerve decompression.

Neither Dr. nor Dr. provides specific information with respect to strength, ranges of motion, or functional ability that would support the need for additional structured physical therapy. The treatment records, therefore, do not provide specific objective information that would support the need for additional physical therapy visits (versus a self-directed home therapy program). 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
- 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)