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Notice of Independent Review Decision

DATE OF REVIEW: 03/02/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Items in Dispute: Occupational therapy: paraffin, ultrasound, manual therapy, therapeutic exercises, orthotic management and training, occupational therapy reevaluation, and whirlpool.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Occupational therapy notes or dated 08/22/06 thru 12/27/07.
2. Office notes by M.D., dated 04/28/08.
3. Operative notes by M.D., dated 02/16/07 & 11/12/07.
4. Operative note from M.D., original surgery on 08/03/06.
5. ***Official Disability Guidelines***.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records provided, the employee was injured while working. Her left hand was caught in a roller, and she sustained a crush injury to her left index finger and middle digits.

On 08/03/06, the claimant underwent closed reduction and percutaneous pinning of the left second proximal phalanx by M.D. It appears the initial date of injury was xx/xx/xxxx.
Over the next nine months, the employee underwent extensive occupational therapy, and on 02/16/07, she required a left index finger extensor tenolysis with proximal interphalangeal capsulectomy and percutaneous pinning.

The employee was seen on 07/05/07 by Dr. orthopedic surgeon at Orthopedics, and was experiencing ongoing issues with deformity and poor range of motion in the hand.

The employee had a follow-up visit on 08/30/07 with assessment of mal-reduced index finger and planned for a derotational osteotomy with a dorsal approach and dorsal plating.

On 11/12/07, after again extensive attempts at occupational therapy, the employee underwent a left index finger extensor tenolysis with manipulation of the left proximal interphalangeal joint, tenolysis of the left index finger flexor digitorum, profundus tendon, and tenolysis of the left index finger flexor digitorum superficialis tendon.

The employee quickly entered into occupational therapy after that time. and based on the last note on 12/27/07, she continued to have extensive issues with active range of motion and poor function.

However, continuation of therapy was requested and denied for lack of appropriate progress and per ***Official Disability Guidelines***.

The first review was completed on 01/08/08 and was received by Dr. The determination was upheld on appeal completed on 02/06/08 by Dr.

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

According to the IRO referral form, items in dispute include occupational therapy, paraffin, ultrasound, manual therapy, therapeutic exercises, orthotic management and training, occupational reevaluation, and whirlpool. This is based on a request by Dr. from 01/28/08. This additional therapy was denied based on application of the ***Official Disability Guidelines***. The employee completed seventeen sessions of postoperative rehabilitation after the third surgery, ***Official Disability Guidelines*** recommends sixteen. There was significant progress noted in passive range of motion; however, active motion was minimally improved. Given the limited progress and per ***Official Disability Guidelines***, continuation of therapy was not necessary, and the denials should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**