

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/31/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 (x8) Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97140 (x8) Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

97597 (x8) Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters

97112 (x8) Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Texan Tech University Health Sciences Center and completed training in Physical Med & Rehab at University of Texas Health Science Center at San Antonio. 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 Physical Med & Rehab since 7/1/1998.

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)

97110 (x8) Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility Upheld

97140 (x8) Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes Upheld

97597 (x8) Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters Upheld

97112 (x8) Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 3/11/2008
2. Review organization dated unknown
3. Independent review organization dated 2/15/2008
4. Review organization dated 3/11/2008

5. Clinical note, dated 2/5/2008
6. Appeal denial note dated 3/6/2008
7. Case assignment dated 3/12/2008
8. Clinical note dated 3/18/2008
9. Independent review organization dated 3/12/2008
10. Clinical note dated 3/6/2008
11. Physician advisor report by MD, dated 2/29/2008
12. Request for preauthorization dated 2/27/2008
13. Patient re evaluation dated 1/25/2008
14. Request for preauthorization dated 2/27/2008
15. Patient re evaluation dated 1/25/2008
16. Patient visit note dated 1/25/2008
17. Independent review organization dated 2/15/2008
18. Patient re evaluation dated 1/25/2008
19. Physician advisor report by MD, dated 2/1/2008
20. Clinical note dated 2/5/2008
21. Request for preauthorization dated 1/30/2008
22. Patient re evaluation dated 1/25/2008
23. Request for preauthorization dated 12/28/2007
24. Initial evaluation dated 12/21/2007
25. Clinical note dated 12/21/2007
26. Patient re evaluation dated 1/25/2008
27. Clinical note dated 2/5/2008
28. Request for preauthorization dated 1/30/2008
29. Patient re evaluation dated 1/25/2008
30. Clinical note dated 3/7/2008
31. Clinical note dated 3/6/2008
32. Clinical note dated 3/11/2008
33. Clinical note dated 3/11/2008
34. Request form dated unknown
35. Review organization dated 2/15/2008
36. Independent review organization dated 3/11/2008
37. Request for preauthorization dated 1/30/2008
38. Patient re evaluation dated 1/25/2008
39. Clinical note dated 2/5/2008
40. Request for preauthorization dated 2/27/2008
41. Patient re evaluation dated 1/25/2008
42. Clinical note dated 3/6/2008
43. Request form dated 2/29/2008
44. Patient visit note dated 12/21/2007
45. Clinical note by MD,
46. Patient visit note dated 1/28/2008 and 1/30/2008
47. Anesthesia record dated 12/13/2007
48. Status report dated 1/28/2007
49. Patient visit note dated 1/9/2008
50. Initial evaluation dated 12/21/2007
51. Patient visit note dated 1/7/2008 to 1/21/2008 multiple dates
52. Clinical note dated unknown
53. New patient evaluation by MD,
54. Clinical note dated unknown
55. Operative report by MD, dated 12/18/2007
56. Emergency room report dated
57. Status report dated 1/31/2008
58. Clinical note dated 1/28/2008
59. Clinical note dated 1/27/2008
60. Patient re evaluation dated 1/25/2008
61. Initial evaluation dated 12/21/2007
62. New patient evaluation by MD, dated 12/12/2007
63. Operative report by MD, dated 12/18/2007
64. New patient evaluation dated 12/12/2007
65. Status report dated 1/8/2008
66. Clinical note dated 12/27/2007
67. New patient information by MD,

- 68. Operative report by MD, dated 12/18/2007
- 69. Official Disability Guidelines

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who injured his left little finger at work. He then received a partial amputation to the tip of the finger. Per notes provided, the injured employee has had 14 sessions of supervised therapy.

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

This is an injured worker with an open wound to the digit with partial amputation. He has had enough hand therapy to be discharged to home exercises. According to the notes provided for review, the amputation does not involve the joint and it is in the tip of the finger. The rational and medical necessity for continued therapy is not established. In this case with of lack of joint amputation, the injured worker should have had enough therapy to be independent with his home exercise program. This is consistent with the Official Disability Guidelines. 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
- X** 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)