

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: May 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PT 3 times a week for 6 weeks

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

OP Report 2/28/08

PPE 4/15/0-8

Pre Auth Request 4/23/08

Records from 3/5/08 and 3/12/08

Review of Medical History 4/17/08

4/17/08

Memorial Medical 2/27/08

Medical 2/27/08

2/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This XX year old man sustained a crush injury to the pulp of the right thumb (XX/XX/XX). The Reviewer could not determine if he was right handed or not. He did not have a fracture; however, the necrotic area exposed the distal phalanx. This necessitated a fat/skin graft, but no bone was excised. There was ongoing treatment of necrotic areas of the wound and graft. He has splint presumably for protection. He is described as having reduced strength, hyper sensitivity and pain. He was described as having reduced strength and motion of the hand/thumb. The Reviewer could not determine if he had edema or not from the record. The Reviewer could also not determine where the motion was lost. He is now nearly 3 months post injury

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

While the request is for physical therapy, most often occupational therapy manages the rehabilitation of the hand. The ODG lists both. Most of the comments are related to fractures and immobilization. This man had what would be considered an amputation through the palmar pad of the thumb. The need for therapy in this injury is extrapolated from the reports. The description is an amputation of the distal tip of the thumb. The concern is that local edema will lead to loss of tendon motion in the hand, swelling and stiff joints. This is why early intervention is preferred by many practitioners. The stiffness and delay can actually necessitate the need for more therapy to overcome the stiffness the Reviewer mentioned above. The Reviewer is not sure if he has a neuroma from the description of the pain. The Reviewer is not sure if the crush injury directly traumatized the rest of the hand, or if the immobilization from the splinting and grafting were major factors. The Reviewer agrees that the hand rehabilitation therapy, either by a hand physical therapist, or occupational therapist, be provided.

Physical /Occupational Therapy:

Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. ([Handoll-Cochrane, 2003](#)) ([Handoll2-Cochrane, 2003](#)) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. **Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention.** There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. **There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon.** ([Handoll-Cochrane, 2002](#)) ([Handoll-Cochrane, 2006](#)) **Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy (p<0.05).** ([Rapoliene, 2006](#))

ODG 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](#)....

Amputation of thumb; finger (ICD9 885; 886):

Medical treatment: 18 visits over 6 weeks

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)