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Notice of Independent Review Decision

DATE OF REVIEW: May 8, 2008

IRO CASE #:

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

This case was reviewed by a PM & R (Board Certified) doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Post-op physical therapy - 3x/week for 6 weeks

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o March 3, 2008 Operative report from Dr.
- o April 10, 2008 PPE from Dr. for Dr.
- o April 10, 2008 Request for pre-authorization, post-op physical therapy
- o April 15, 2008 Denial of pre-authorization request for post-op physical therapy 3x/week for 6 weeks
- o April 17, 2008 Appeal, pre-authorization request from Dr. for post-op physical therapy
- o April 23, 2008 Pre-authorization determination, denial of reconsideration
- o April 24, 2008 Pre-authorization Review Summary, denial of reconsideration
- o April 29, 2008 Request for IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews available for my review the patient is a employee who sustained a severe crush injury to the dorsum of the left thumb. He is status post surgery of external fixation of comminuted fracture of the left thumb, with internal fixation of the main fragments of the fracture of the proximal phalanx, repair of frayed extensor and flexor tendons and skin graft on March 3, 2008. On March 27, 2008 hardware was removed and debridement of necrotic tissue was performed.

On April 10, 2008 the patient returned to his primary provider for reevaluation per a PPE report of that date. The patient is status surgical intervention of March 3, 2008. He was examined by a hand surgeon on April 6, 2008 who recommended the patient initiate a post-operative program of therapy to the left hand/thumb. The patient complains of left hand/thumb discomfort when manipulating objects and when he bumps the tips of the surgical site on solid objects. He reports hypersensitivity of the surgical site. He is wearing a surgical brace. The incisions are healing well. He has lost his finger nail. There is reduced motion and strength of the left hand compared to the right. Instruction in home exercises was provided. ODG physical therapy guidelines were appended and it is noted that patients should be formally assessed after a 6 visit clinical trial of therapy and post-op therapy

recommendation for fracture of a phalange of the hand states up to 16 visits.

On April 10, 2008 request was made for post-op physical therapy of 3x/week for 6 weeks (18 sessions). Rationale for the extended treatment time was stated as "the patient has had numerous surgeries to the same area, the type of injury and the type of physical restoration that is trying to be achieved." Requested procedures include, attended electrical muscle stimulation adjunctive to therapeutic exercises (97032), physical medicine (97140), whirlpool therapy (97022), paraffin bath (CPT 97018 code is considered by Medicare to be a component procedure of CPT code 97140 when billed on the same date of service.), therapeutic exercises for strengthening and endurance (97110) and dynamic activity exercises for pushing pulling, etc (97530).

On April 15, 2008 request for pre-authorization for 18 sessions of post-op physical therapy was denied in review with rationale that although post-op PT would be reasonable, the requested services exceeds guidelines. It was also noted that a prescription was not submitted from the surgeon. Guidelines appended state there is weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. ODG supports up to 16 post-op PT sessions over 10 weeks for fracture of a phalange of the hand and patients should be formally assessed after an initial 6 visit trial. Two attempts for a peer-to-peer discussion were made but a discussion was not realized.

The provider responded on April 17, 2008 with an appeal noting that the reviewer did not call at a time that was reasonable for the office. The appeal is identical to the original request of April 10, 2008 with no additional medical information or rationale.

Request for appeal was not certified in review on April 23, 2008 by the same reviewer with rationale that prior rationale continue to apply and the requested services exceed guidelines. It was noted that calls were made to the provider on 2 different days during hours requested by the provider but a discussion with the provider was not realized. The appended guidelines noted that "depending on the severity of the patient's condition, the usual treatment session provided is from 15 to 60 minutes. The medical necessity of services for an unusual length of time must be documented in the medical record."

A Summary of the reconsideration denial was sent to the provider on April 24, 2008 and on April 29, 2008 request was made for an IRO.

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

The medical records document a patient with a crush injury to the left thumb which underwent surgical intervention for repair on March 3, 2008 and hardware removal and necrotic tissue debridement on March 27, 2008. At a follow-up visit on April 6, 2008 the hand surgeon recommended post-op physical therapy.

The amount of therapy recommended is not known as a prescription is not available. ODG recommends up to 16 sessions of post-op therapy for this condition but advises an initial trial of 6 sessions to document evidence of benefit. Request was made for 18 sessions of post-op therapy with rationale that the patient underwent multiple surgeries. Removal of hardware is a standard follow-up to a hand intervention with fixed bracing. It is noted that the patient has been instructed in home exercises. A modification of the original request to 6 trial sessions of therapy would have been the best course as the patient demonstrated weak grip strength. However, a peer-to-peer was not realized with the provider and the request was denied as exceeding guidelines. At the second level, a peer-to-peer also was not realized and no additional medical rationale had been received. The current request for 18 sessions exceeds the amount recommended by guidelines. Therefore, my determination is to agree with the previous non-certification of the request for post-op physical therapy - 3x/week for 6 weeks.

The IRO's decision is consistent with the following guidelines:

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

The Official Disability Guidelines - Forearm/wrist/hand 3-4-08:

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 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 carpal bone (wrist) (ICD9 814):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand) (ICD9 815):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

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

Fracture of radius/ulna (forearm) (ICD9 813):

Post-surgical treatment: 16 visits over 8 weeks

Dislocation of wrist (ICD9 833):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks

Dislocation of finger (ICD9 834):

9 visits over 8 weeks

Post-surgical treatment: 16 visits over 10 weeks

Trigger finger (ICD9 727.03):

Post-surgical treatment: 9 visits over 8 weeks

Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):

Medical treatment: 12 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Synovitis and tenosynovitis (ICD9 727.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Mallet finger (ICD9 736.1)

16 visits over 8 weeks

Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):

Post-surgical treatment: 12 visits over 8 weeks

Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):

Post-surgical treatment: 18 visits over 6 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Sprains and strains of wrist and hand (ICD9 842):

9 visits over 8 weeks

Open wound of finger or hand (ICD9 883):

9 visits over 8 weeks. See also Early mobilization (for tendon injuries).

Pain in joint (ICD9 719.4):

9 visits over 8 weeks