

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of occupational therapy two times a week for four weeks to right hand, 97004, 97110, 97265

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

MD, Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for occupational therapy two times a week for four weeks to right hand, 97004, 97110, 97265.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/14/08, 10/28/08

ODG Guidelines and Treatment Guidelines

Office note, Dr. , 09/25/08

Physical therapy note, 10/06/08

Fax request, 10/09/08

Occupational therapy note, 10/20/08

Therapy Referral, 09/25/08

Fax Cover, 10/20/08, 10/30/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old male injured in xx/xx. He required open reduction with internal fixation of the right long finger distal joint fracture dislocation of the distal interphalangeal joint. On 09/25/08 Dr. noted the finger was doing well with some stiffness. The claimant was in therapy at that time. Right long finger metacarpal phalangeal (MP) joint motion was 0-80 degrees, proximal interphalangeal (PIP) 0-60 degrees and distal interphalangeal (DIP) joint 0-20 degrees. There was slight deformity. It was recommended he discontinue the splint, continue therapy and work with restrictions. A 10/20/08 occupational therapy report indicated the claimant was right hand dominant and that he was 80 percent better. The claimant was noted to be compliant with home exercises and working full duty. On examination middle finger MP motion was 0-91 degrees, PIP 0-75 degrees and DIP 11-39 degrees. He had a normal grip but with pain and difficulty. Right grip was 64 pounds and left grip 65 pounds. Right key pinch was 22 pounds and left 20 pounds.

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

The claimant had a DIP joint fracture dislocation in xx/xx. Therefore, the claimant is now nearly 4 ½ months after the injury and therapy at this point would not be expected to be helpful. There are no recent clinical records to indicate recent progress with the therapy the claimant has received. It is unclear how much physical therapy the claimant has received at this time. At some point, the claimant would be expected to have received the maximal benefit from therapy. A patient with this type of injury would be expected to have some permanent motion deficits and the claimant would not clearly benefit from further formal therapy at 4 ½ months after the injury.

Without further information the request cannot be justified. The reviewer finds that medical necessity does not exist for occupational therapy two times a week for four weeks to right hand, 97004, 97110, 97265.

Official Disability Guidelines Treatment in Worker's Comp 2008, Forearm Wrist and Hand-Physical Medicine

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

Unless noted otherwise, the visits indicated are for outpatient physical therapy, and the physical therapist's judgment is always a consideration in the determination of the appropriate frequency and duration of treatment.

When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

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 KNOWLEDGBASE

AHCP- 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)**