

SENT VIA EMAIL OR FAX ON
Nov/09/2008

Applied Resolutions LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 additional post surgical physical therapy visits to the left wrist

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

Physical Medicine and Rehabilitation

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)

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly sustained an injury in xxxx when someone rushed through a door and she was pushed into a wall behind the door. She reportedly had neck pain, elbow pain and wrist pain. The diagnostic studies cited, but reports were not provided include an elbow MRI that reportedly showed a subluxation of the left ulnar nerve, degenerative changes in the cervical spine on another MRI and a normal left wrist MRI in 2006. A CT scan of her wrist reported cysts and other changes suggestive of arthritis. I do not have a date for the CT scan. She has had elbow and cervical epidural injections. She had a left ulnar nerve transposition in 2005 and left wrist surgery, presumably CTS release, on 4/15/08. Presumably this was a carpal tunnel release, but the Reviewer did not have the operative report to exclude another procedure. She has had 12 sessions of therapy since April. She remains with sleep problems, local tenderness and numbness in the 4th and 5th "fingers" (presumably the 4th and 5th digits). She complains of an ache in the left elbow and pain in the wrist. Thoracic outlet syndrome was considered. The Reviewer did not see any electrodiagnostic studies for the confirmation of either carpal tunnel syndrome or ulnar nerve compression. A designated

doctor examination was cited (8/14) with the physician releasing her to full duties. Again, the report was not provided. She has depression.

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

There is a request for 12 additional therapy sessions in addition to those completed. The therapy notes describe good wrist motion, but some weakness. There is nothing in the report suggestive of RSD. Again, the Reviewer presumes the lady had CTS release rather than any fusion, implant or carpectomy.

The ODG recognizes the need for therapy. The maximum is 3 visits a week reduced to 1 or less over time. It does allow for more treatment time if the grasp remains reduced even in the presence of normal motion. There is some reduction in the left side compared to the right. This may be a normal left to right side variation. Dr. noted it was accompanied by pain in the wider grasp positions. This would be associated with the arthritic changes described in the CT scan. The 10/13/08 FCE 14 sessions are permitted for the elbow surgery done in 2005. 18 visits are permitted after an arthroplasty, but none was reported. (visits for joint pain. 3-8 visits for carpal tunnel surgery over 3-5 weeks. There is some permitted therapy for RA. The latter was not reported, however. The ODG also recognizes the importance of a self directed exercise program.

There was nothing provided to suggest the medical necessity for 12 additional therapy sessions in variance from the recommendations in the ODG.

Physical/ Occupational therap

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

Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2)

Medical treatment: 14 visits over 6 week

Post-surgical treatment: 20 visits over 10 week

Sprains and strains of wrist and hand (ICD9 842)

9 visits over 8 week

Pain in joint (ICD9 719.4)

9 visits over 8 week

Arthropathy, unspecified (ICD9 716.9)

Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 week

Carpal tunnel syndrome (ICD9 354.0)

Medical treatment: 1-3 visits over 3-5 week

Post-surgical treatment (endoscopic): 3-8 visits over 3-5 week

Post-surgical treatment (open): 3-8 visits over 3-5 weeks

Exercise

Recommended. Recommend specific hand and wrist exercises for range of motion and strengthening. Patients should be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Stretching exercises as recommended by AAOS have positive, limited evidence. (Various) (Handoll-Cochrane, 2002) (Handoll, 2006) There is limited evidence that nerve and tendon gliding exercises and wrist splinting result in superior static two-point discrimination compared to wrist splinting alone in the medium-term. Limited evidence suggests that exercise plus wrist splinting and wrist splinting alone provide similar improvement in symptoms, hand function, grip strength, pinch strength, Phalen's sign, Tinel's sign and patient satisfaction. (O'Conner-Cochrane, 2003)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)