

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 4, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 x a week x 4 weeks for thumb sprain

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)

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 Physical Therapy 3 x a week x 4 weeks for thumb sprain.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/8/08, 10/13/08
ODG GUIDELINES AND TREATMENT GUIDELINES
Hand Therapy, 10/10/08, 10/6/08, 9/11/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The notes provided are from the occupational therapist. This woman apparently sustained a fall and hyperextension injury to her thumb at the mp joint on xx/xx/xx. The therapists are considering a tear of the ulnar collateral ligament, either a Gamekeeper's

thumb or Stener lesion. There is a request for Paraffin baths, ultrasound and iontophoresis.

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

The request for occupational therapy (labeled with PT in the ODG) allows 9 therapy sessions over 8 weeks. Paraffin baths provide warmth and heat. Ultrasound provided heat for mobilization. Iontophoresis with the dexamethasone is used to reduce local inflammation in areas within a few mm of the skin.

However, the ODG does not approve the use of therapeutic ultrasound or iontophoresis. It restricts the use of paraffin baths for osteoarthritis. The patient does not meet the criteria. The reviewer finds that medical necessity does not exist for Physical Therapy 3 x a week x 4 weeks for thumb sprain.

Physical/ Occupational therapy

Recommended. Positive (limited evidence). See also **specific physical therapy modalities by name ...**

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](#).

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

9 visits over 8 weeks

Ultrasound (therapeutic)

Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. ([Handoll-Cochrane, 2002](#)) For arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 week(s) of treatment. ([Robinson-Cochrane, 2002](#)) See also the [Pain](#) chapter.

Iontophoresis

Under study. There is limited support for iontophoresis and phonophoresis, and these are more conservative than injection for delivery of steroid therapy. If done a trial of two may be accepted, and objective improvement must be documented. See [Carpal tunnel syndrome](#).

Paraffin wax baths

Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. ([Robinson-Cochrane, 2002](#))

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)