Medwork Independent Review
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

08/19/2009

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: **08/19/2009**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
8 sessions (2 times a week for 4 weeks) of additional occupational therapy for the right hand (97110, 97022, 97530, 97140)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Plastic Surgeon/Hand 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Texas Dept of Insurance Assignment to Medwork 08/03/2009
2. Notice of assignment to URA 08/03/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 07/31/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 07/30/2009
6. IMO determination letter 07/29/2009, 07/17/2009
7. Reconsideration fax request 07/22/2009, 07/13/2009, therapy note 07/08/2009, 0707/2009, 07/06/2009, 07/05/2009, 07/02/2009, 06/29/2009, 06/24/2009, 06/22/2009, 06/19/2009, 06/17/2009, 06/09/2009, 06/05/2009, medical note 03/20/2009
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:
This gentleman is a xx-year-old male, who sustained an axial load to the right small finger at the proximal interphalangeal joint on xx/xx/xx. This injury was severe enough to result in volar

dislocation of the right small finger at the PIP joint. X-rays revealed articular damage with narrowing of the PIP joint. He was seen and managed and treated by Dr. appropriately. Dr. recommended physical therapy, occupational therapy, hand based therapy which the patient has been compliant with and has completed eight treatments.

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

This patient has demonstrated compliance with eight treatments thus far, and on evaluation of the therapy notes, it is evident that he has improved from initial flexion contracture of the PIP joint at approximately 60 degrees to a current contracture of 30 degrees. This patient has thus not plateaued, has been compliant, and appears that with additional treatment of two sessions per week for four weeks, a total of eight sessions that this gentleman could improve such that he would not need additional surgical procedures which would include volar plate arthroplasty and capsulotomy vs. arthrodesis.

Per ODG Guidelines which referenced to physical therapy state, there are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline:

1. As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency. As stated in the above, this patient is continuing to improve.
2. The exclusive use of passive care is not recommended.
3. Home program should be initiated with the first therapy session and must include ongoing assessment of compliance as well as upgrades to the program. This patient has been instructed on home programs and is improving, however, would continue to improve with an occupational therapy hand-based therapy formal program.
4. Use of self-directed home therapy will facilitate the abating of treatment frequency from several visits per week at the initiation of therapy to much less toward the end.
5. Patient should be formally assessed after a six-visit clinical period to evaluate if the patient is moving in a positive direction, no direction, or negative direction. This patient has demonstrated that he is improving with this treatment regimen, and thus, it should continue for an additional eight sessions.

When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. As stated, this individual sustained a volar dislocation of the PIP joint most likely with capsular injury as well as volar plate injury. This is a severe-enough injury that in many instances, several weeks if not months or rehabilitation are required so that normal passive and active flexion and extension can occur. If rehabilitation is not approved, then this patient will autofuse most likely in a persistent flexion contracture which could cause him a major disability. Aggressive rehabilitation hand-based therapy occupational therapy is necessary to prevent these sequelae. Therefore, the requested 8 sessions (2 times a week for 4 weeks) of additional occupational therapy for the right hand (97110, 97022, 97530, 97140) should be approved.

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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)