



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

August 28, 2009 (Amended August 31, 2009)

DATE OF REVIEW: 8-28-09 (8/31/09)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

8 sessions of physical therapy

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

American Board of Orthopaedic Surgery-Board Certified

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

- 12-4-08 MRI of the right thumb.
- DO., office visits on 2-2-09 and 3-2-09.
- Physical therapy and Healthcare center from 2-4-09 through 3-8-09, for a total of 7 visits.
- MD., office visits from 3-10-09 through 6-18-09.
- DC., office visits from 3-19-09 through 5-28-09.
- 3-23-09 Surgery performed by Dr.
- 7-7-09 Physical therapy reevaluation.
- 7-16-09 Utilization review performed by MD.
- 7-24-09 Utilization review performed by MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

MRI of the right thumb dated 12-4-08 shows a marker was placed at the site of patient's focal area of pain and swelling/recent laceration. It lies at the level of the interphalangeal joint of the right thumb. There is extensive metallic artifact in this region, essentially completely obscuring detail, this maybe worrisome that there is a metallic foreign body at this site related to patient's recent trauma. Recommend correlation with plain radiographs or thin-section CT for further detail and evaluation. As stated, this essentially obscures complete detail of the surrounding bony and soft tissue structures.

On 2-2-09, DO., notes the claimant states that overall the symptoms have decreased. The pain has remained the same post surgical tenderness has worsened with activity/exercise. The claimant reports numbness and tingling has remained the same. Grip strength has remained the same. On exam, the claimant has decreased edema,

bruising has resolved. Range of motion has remained the same. Muscle testing and grip strength remains weak. The evaluator recommended the claimant continue physical therapy, as the claimant is four weeks post right thumb repair.

Physical therapy and Healthcare center from 2-4-09 through 3-8-09, for a total of 7 visits.

Follow-up with Dr. on 3-2-09 notes the claimant's range of motion has remained the same. He has decreased flexion and extension at the IP joint and strength is diminished. There is tenderness of the extensor tendon, which has remained the same. The evaluator recommended the claimant continue with physical therapy. No medications are required.

On 3-10-09, MD., notes the claimant is concerned with the swelling of the IP joint and states that he has lack of range of motion and cannot extend the digit. The claimant has requested that a surgical procedure be performed. This was selected by the patient from among other options including the option of non-surgical management of the problem. The patient has voiced understanding that surgery comes associated with numerous potential risks that have been reviewed today. In addition the patient has signed for the responsibility of carefully reviewing the written surgical instructions provided including the responsibility for finding his/her own assistance in understanding the instructions should there be any language barriers involved.

On 3-19-09, DC., reports the claimant comes into the office complaining of continued pain in his right thumb. On xx/xx/xx, he slipped and fell at his place of work and there were iron shavings and filings on the floor some of which became embedded in the patient's finger. At first, it was not known there were metal shavings inside his finger but it was felt it was a simple laceration. The patient was taken to Health Care Center where he was evaluated and stitches were performed and he was placed into physical therapy. He continued to have severe pain. An MRI was obtained, which showed there was metallic finding still present. He was sent therefore to Dr. who evaluated the patient and determined surgical intervention was necessary. Dr. went ahead and removed the iron filings. There were also some associated structures that needed surgical repair. The patient was then placed in physical therapy. He continued in his physical therapy. However, partially through that time in therapy the patient felt the therapist began speaking to him in negative racial terms and the claimant felt very uncomfortable continuing with his treatment at Healthcare Center due to this. At some point, the patient did have a return appointment with Dr. who recommended secondary surgery due to his ongoing issues and that surgery has been scheduled for 3/23/09. The patient has no pain medication. He is in severe pain and has difficulty sleeping. Examination of the thumb revealed significant limitations in active and passive range of motion. Neurologically, the claimant's sensation of the extremities were tested and found to be within normal limits. DTR were tested and found to be within normal limits. Impression: Deep laceration and tendinous injury to the thumb. The evaluator recommended surgical intervention.

On 3-23-09, the claimant underwent right thumb neurectomy, dorsal radial and dorsal ulnar digital nerves, right thumb tenolysis of extensor pollicis longus, zone I, II and III. Surgery performed by Dr.

On 3-25-09, Dr. reported the claimant continues with the bandages. The claimant will be sent to see Dr.

Follow-up with Dr. on 4-7-09 notes the claimant reports random shooting pain at the dorsal aspect of the thumb from the thumb base to the distal thumb. He is still tender at the IP joint, ulnar and radial aspect of the thumb as well. Sutures were removed. The claimant was referred to physical therapy.

Follow-up with Dr. on 4-23-09 notes the claimant is having less pain than before, but has significant stiffness associated with swelling. He is currently attending physical therapy 3 x 4. The claimant is continued on physical therapy.

Follow-up with Dr. on 5-21-09 notes the claimant continues with stiffness. He is attending physical therapy and is not at work at this time. The claimant is continued with physical therapy.

Follow-up with Dr. dated 5-28-09 notes the claimant continues to be very tender to palpation. His range of motion has improved. He remains hypersensitive at the distal portion of the scar. The evaluator recommended an additional 12 physical therapy visits.

Physical therapy reevaluation on 7-7-09 notes the claimant's initial evaluation was 3-27-09 and the claimant feels better after treatment. He also has been able to do more activities at home and at work. He has been compliant with attendance and is progressing towards independence with a home exercise program. The claimant has completed 6 visits. He continues to show improvement with his treatment and has requested continued physical therapy to increase his strength and range of motion and decrease his pain. Thumb range of motion CMP extension 40 degrees, abduction 40-50 degrees. MCP flexion 30 degrees, extension 0 degrees. IP flexion 35 degrees, extension 10-15 degrees. Strength is rated at 4/5 with complaints of increased pain. The evaluator recommends continued physical therapy 2-3 x 3-4 weeks.

On 7-16-09, Utilization review performed by MD., notes it appears that the patient has had at least 15 visits of therapy in the recent past without documented progressive objective improvement. He continues to have functional deficits and is about 6 months post surgery. It appears that the patient's improvement of functionality is not proportional to the amount of received PT, ACOEM and ODG recommend physical therapy. It advocates use of therapy with a clear goal of restoration of function plan and return to work plan, Emphasis should focus on functional restoration and return of patient to activities of normal daily living. The reason for delayed recovery needs to be evaluated. The requested number of sessions is deemed in excess of the recommendations set forth in ODG.

Utilization review performed by MD., dated 7-24-09 notes efforts to contact Dr. have been unsuccessful; Dr. would not like to participate in peer reviews. This claimant is now xxx months out from his right thumb procedure. Twelve sessions had already been approved in this case. An additional eight sessions has been requested. The ODG guidelines would outline 14 visits over 12 weeks post surgically. The treating physician is not available to discuss and clarify any extenuating circumstances and prefers the reviewer just to review the medical records provided. In the absence of such a discussion, the evaluator would not be able to recommend as medically necessary the proposed additional therapy visits.

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

CLAIMANT HAD INJURY TO THUMB WITH TENOLYSIS OF EXTENSOR POLLICIS LONGUS TENDON AND NEURECTOMY OF DIGITAL NERVES. CLAIMANT HAD 12 PT VISITS WITH COMPLIANCE IN ATTENDANCE AND DOCUMENTED IMPROVEMENT. THE REQUEST FOR 8 ADDITIONAL PT VISITS WAS MEDICALLY REASONABLE AND NECESSARY. THE ODG IS A GUIDELINE AND NOT AN ABSOLUTE. IN THIS PARTICULAR CASE, DUE TO THE SEVERITY OF THE INJURY AND ASSOCIATED SURGERY, THE REQUESTED 8 PT VISITS SHOULD BE ALLOWED. WITH THIS ADMINISTRATIVE DELAY OF PT, CLAIMANT HAS LIKELY LOST GROUND IN HIS RECOVERY.

ODG-TWC, last update 8-24-09 Occupational Disorders of the forearm, wrist and hand – physical therapy:

Physical therapy Open wound of finger or hand (ICD9 883):
9 visits over 8 weeks

Early mobilization: Recommended. Early mobilization is safe and effective method of managing the healing flexor tendon following tendon repair. (Pettengill, 2005) (Hung, 2005) (Lilly, 2006) (Osada, 2006) (Braga, 2005) With regard to the thumb, early mobilization after robust tendon repairs helps avoid tethering of the long tendons of the thumb during the early post-operative period. Maintenance of full and rapid movement of the interphalangeal joint of the thumb is vital to the full function of the thumb and is more likely to be retained using early mobilization of tendon repairs. (Elliot, 2005) Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen. (Carl, 2007)

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)