

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 8, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed continued physical therapy (97110, 97112, 97140,) 12 sessions

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.32	97110, 97112, 97140		Prosp	12					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 26 pages of records received to include but not limited to:
TDI letter 11.16.09; report 10.23.09-11.9.09; letter 10.23.09, 11.9.09; Pain and Recovery Clinic
notes 10.19.09-11.3.09

Requestor records- a total of 8 pages of records received to include but not limited to:
Pain and Recovery Clinic notes 10.16.09-11.16.09; TDI letter 11.16.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The records reflect that this is a lady with a history of carpal tunnel syndrome dating back to xx/xx/xx. This lesion was surgically addressed and subsequent to this, the injured employee underwent 24 physical therapy visits. Dr. declined to endorse additional physical therapy for this patient. Reconsideration was sought and non-certified by Dr. It was noted that marginal gains were made with the original 24 sessions of physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines physical therapy after a surgically treated carpal tunnel syndrome is "Recommended." Positive (limited evidence). Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. ([Handoll-Cochrane, 2003](#)) ([Handoll2-Cochrane, 2003](#)) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. ([Handoll-Cochrane, 2002](#)) ([Handoll-Cochrane, 2006](#)) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy (p<0.05). ([Rapoliene, 2006](#)) Relative to the specific diagnosis of carpal tunnel syndrome, the treatment parameters outlined by the Division mandated Official Disability Guidelines are: "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks Post-surgical treatment (open): 3-8 visits over 3-5 weeks" clearly, these standards have been exceed with no objective data presented of any significant improvement.

Therefore, based on the medical records there is no clinical indication presented to support that there is any basis for additional physical therapy at this time for this injury.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES