



Notice of Independent Review Decision

**DATE OF REVIEW:** 1/20/09

**IRO CASE #:**                      **NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for occupational therapy, 3 days a week for 4 weeks.

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

**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 previously denied request for occupational therapy, 3 days a week for 4 weeks.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Facsimile Coversheet Comments/Notes dated 1/13/09.
- Company Request for IRO dated 1/12/09.
- Request for Review by Independent Review Organization dated 1/12/09.

- Hand and Upper Extremity Rehabilitation Report/Letter dated 12/12/08, 1/7/09.
- Notice to of Case Assignment dated 1/13/09.
- Response Regarding the Disputed Service Letter dated 1/14/09.
- Operative Report dated 11/9/07, 5/16/08
- Follow-Up Visit Report dated 11/19/07, 11/26/07, 12/11/07, 4/1/08, 4/22/08, 8/12/08, 12/17/08.
- Re-Evaluation Report dated 1/10/08, 2/8/08, 3/6/08, 6/25/08.
- Initial Evaluation Report dated 5/17/08.
- Notice of Independent Review Decision Report dated 9/10/08.
- P&S Facsimile Coversheet Comments/Notes dated 9/12/08.
- Report of Medical Evaluation dated 3/26/09.
- Independent Medical Evaluation Report/Letter dated 9/29/08.
- Treatment History for Physical Therapy Summary/Chart dated 1/14/09.
- ODG Integrated Treatment/Disability Duration Guidelines for Forearm, Wrist, and Hand unspecified dated.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:** xx years  
**Gender:** Female  
**Date of Injury:** xx/xx/xx  
**Mechanism of Injury:** Multiple bites following an attacked by a Howler monkey.

**Diagnosis:** Multiple animal bites, complex lacerations of the left upper extremity, status post multiple reconstructive surgeries including tendon, nerve, artery repairs.

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

The claimant is a xx-year-old female and who sustained multiple bites following an attack by a Howler monkey on xx/xx/xx, while working at . She was seen in the emergency department with multiple complicated left upper extremity deep near circumferential lacerations involving the tendons, nerves, arteries, soft tissue and muscle of the forearm and thumb; as well as a bite to the right thumb. The right thumb was repaired in the emergency department and the claimant went to the operating room on xx/xx/xx, for emergent debridement and repair of the left upper extremity. The claimant treated in the physician's office for multiple wound débridements, hemostatic checks and dressing changes before returning to the operating room on 11/09/07, with notation there was no signs of infection and there was a large amount of exposed tissue. On 11/09/07, the claimant underwent debridement of two areas of muscle and two areas of necrotic tissue on the left forearm; repair of nine flexor tendons and muscles in the forearm involving the thumb, index, long and small fingers; repair of four extensor tendons, thumb abductor tendons, pollicis longus and brevis at the wrist and

thumb, and extensor carpi radialis; repair of median and radial nerves; repair of radial artery; rotational skin flaps times two over a large area of the forearm; rotational skin flap over the left thumb; and debridement of subcutaneous tissues in multiple areas. The claimant treated with postoperative narcotics, antibiotics, splinting and superficial débridements. The claimant was released to start occupational therapy on 12/11/07, and reportedly attended thirty sessions between 12/11/07 and 05/16/08, for both the left upper extremity and right thumb. Reports provided indicated some improvement in motion in the left upper extremity and right thumb with subsequent development of scar tissue that caused limitations in the metacarpophalangeal joints of all the digits in the left hand and the right thumb. It was noted that limitations in motion increased after the claimant stopped formal therapy interventions. The claimant returned to the operating room on 05/16/08, for excision of a painful scar on the metacarpophalangeal and interphalangeal joints of the right thumb; open capsulectomy of both joints; and manipulation of both joints. Intraoperatively, the claimant underwent release and neurolysis of the digital nerve both ulnar and radial with tenolysis; release of the extensor tendon with Z-plasty tissue arrangement; and manipulation of both joints to 90 degrees flexion and zero degrees extension. The claimant treated postoperatively with a traction band splint and attended 23 sessions of postoperative occupational therapy. The claimant also continued to treat for the left upper extremity with a dynamic long finger splint and overall improvement in motion with notation of being almost able to make a fist and open the left hand on 08/12/08. Upon cessation of occupational therapy, Dr. reported a loss of right thumb function and motion with indication the claimant may require additional surgery if therapy was not reinitiated. An Independent Medical Evaluation was completed on 09/29/08, with indication the claimant was not at maximum medical improvement (MMI) and could still benefit from additional aggressive therapy; however, most probably would require additional surgery to address the right thumb that was essentially “stuck” in extension. The left upper extremity motion was noted to be functional with a slight boutonnière deformity of the third finger. The independent evaluator also felt there was an indication for a continuous passive motion device for the right thumb. Repeated requests for additional occupational therapy were denied as it was felt the independent examination recommended additional surgery. On 01/14/09, the insurance company indicated a request for additional therapy for the thumb did not fall within a specific Official Disability Guideline and further therapy would not offer the claimant any benefit just as adhesive capsulitis of the shoulder did not respond to therapy beyond a certain point. Twelve sessions of occupational therapy continue to be recommended. Having thoroughly reviewed the information as outlined above, it would be quite unlikely that additional occupational therapy would affect the most recent clinical outcomes recorded. Considerable therapy has provided a thumb, which is essentially “stuck” in extension. One would wonder how 12 additional visits would succeed, whereas a total of 53 prior visits have failed. The proposed therapy cannot be recommended as medically necessary.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

**X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.**

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Forearm/ Wrist/ Hand- Physical Therapy

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).