

SENT VIA EMAIL OR FAX ON
Feb/05/2009

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (866) 328-3894
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X 6 left hand

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
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 11/3/08 and 12/2/08
Records from 8/23/08 thru 10/15/08
Record from Dr. 8/23/08
Unknown Doctor 8/5/08

PATIENT CLINICAL HISTORY SUMMARY

This is a man who sustained an injury to his left hand on xx/xx/xx. The injury was involved fractures of the 3rd, 4th and 5th metacarpals and lacerations of the tendons for which he underwent ORIF with screws and repairs of the tendon that night. The screws were subsequently removed and the man had 2 months of therapy. He had residual loss of motion and pain in the left hand. He was released to full duty.

Dr. (8/23/08) noted a scar in the medial left palm and loss of finger extension "unable to open his hand secondary to tendon contracture", He had tingling and dysesthesias in the ulnar 3 digits (called fingers by Dr. The physical therapist, saw him on 10/15/08. Her physical

therapy (not OT) notes described on going pain and limited grasp in the left hand. The therapy notes described loss of extension of the 3rd digit mp joint. Other joint motion was described as intact. There was loss of some strength (4+) in grasp, finger flexion and extension. There was some reduced sensation over the dorsum of the left hand.

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

What makes this difficult is, not knowing the tendons damaged without the operative report. It sounds as if the injury was in “no-man’s land.” This is an anatomical area with a high rate of scar formation of the tendons. Often, late hand reconstruction is necessary. Not only is the Reviewer not sure from the records what the injury was, the Reviewer is not sure if surgical reconstruction is being planned. He was declared MMI and released to work. The two reports are inconsistent with one describing inability to open the hand, and the other describing the problem in the third digit (presumably the long finger). The Reviewer could not determine if Dr. is a hand surgeon. Most refer to 5 digits and 4 fingers on a hand. He commented about the injury in the 3rd, 4th and 5th fingers. The therapist commented about the digits. Most hand therapy, but not all, is done by occupational rather than physical therapists.

There are symptoms of nerve damage and the flexed contracture. Motion must be maximal if any ongoing hand reconstruction is to be performed. Yet, the Reviewer is unclear if additional surgery is being considered at a later date if motion is not regained.

It is now 5 months since the additional therapy was ordered and 3 months since the last note. The Reviewer would fear more motion had been lost unless this man was providing passive motion. There is inadequate material provided, and the Reviewer would not normally approve the additional therapies without input from a hand surgeon, including the ultimate plans. If he has not performed the passive range of motion exercises, then it is unlikely that any therapy will help at this time.

The ODG criteria are based upon uncomplicated procedures. Yet it recognizes only 10 weeks for therapy post surgery. It did not address the associated tendon repair that the Reviewer presumes was also present. Without more information, the Reviewer cannot approve the program.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)