



REVIEWER'S REPORT

DATE OF REVIEW: 01/15/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient occupational therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., M.S., Board Certified in Physical Medicine and Rehabilitation, and Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a note from dated 09/29/08 indicating denial for the request for occupational therapy.
2. I reviewed a report from Dr. dated 09/29/08. Therapy was denied because it was not clear that the injured employee had already had surgery for what appeared to be a trigger finger.
3. I reviewed notes from, some of which are somewhat illegible.
4. There was a 09/04/08 note indicating that the injury was xx/xx/xx, and this appears to have been an occupational therapy initial exam.
5. There was another note of 10/26/07 from Dr. The notation indicates the injured employee underwent preoperative physical therapy for 90 days with no relief, and then she had undergone outpatient endoscopic trigger finger release, but there was no indication she had undergone carpal tunnel release. There was no indication for ongoing therapy at that time.
6. There is another indication that the injured employee has been treated at for an entrapment neuropathy of the median nerve.

7. I reviewed a 12/31/08 report
8. I reviewed 06/03/08 exam from Dr.. She has a history of having had trigger finger surgery on the right middle finger in the past. At this time she was complaining of numbness and tingling into the thumb, index, and middle finger of the right hand. She had completed her therapy program in December and reported the symptoms were mostly constant and during the evening. She was referred to Dr. for electrodiagnostic testing, which showed a moderate right sensorimotor axonal and demyelinating median mononeuropathy at the wrist.
9. I reviewed an operative note from 06/04/08 from Dr. who cleared the examinee from the medical perspective to undergo endoscopic carpal tunnel release and index finger trigger release. She was cleared for surgery.
10. I reviewed an operative note of 07/31/08 wherein she received surgery for right carpal tunnel syndrome and trigger finger of the right index finger.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee fell on outstretched hands on xx/xx/xx and was subsequently diagnosed with carpal tunnel syndrome and a trigger finger of the index finger. She had therapy and then underwent surgery for both conditions on 07/31/08. There is now a request for twelve visits of occupational therapy. There are no contemporary clinical exam findings to support the need for any treatment.

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

The ODG Guidelines would suggest that postsurgical occupational therapy for the carpal tunnel release is three to eight visits and for the trigger finger release is nine visits. This, however, would need to be evaluated in the context of a current clinical examination to support that intervention some six months later. Lacking such information, I have no basis to recommend any occupational therapy for the right carpal tunnel release and right index finger trigger release.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)