



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 01/16/09

IRON CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Therapy on right index finger

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

- Hospital emergency department.
- MD., office visits from 10-1-08 through 12-3-08 (3 visits).
- 11-7-08 DO., Utilization Review.
- 12-8-08 Physical therapy evaluation.
- 12-16-08 MD., Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the claimant was seen at XXXXX XXXXX. It was noted the claimant was delivering pipe this morning when a piece of pipe swung down and mashed and cut his right index finger knocking the claimant off the truck. There was no loss of consciousness. X-rays were performed and the claimant was treated with irrigation and wound closure and discharged in stable condition. Diagnosis: Laceration of the right index finger.

On 10-1-08, the claimant was evaluated by, MD. It is noted the claimant is a xx-year-old right-hand dominant gentleman who retired last week. However, while at work on xx/xx/xx. He sustained a crush injury to the right index finger. He was seen and examined at emergency room and was noted to have a crush type laceration of the volar aspect of the finger, which was irrigated and closed. He was treated appropriately with antibiotics and followed, but now six weeks later he notes stiffness. The claimant was seen for an evaluation. The evaluator reported he had seen the claimant in the past for other problems with his right hand that are not work related. Examination of the right hand demonstrates a healed scar in the volar aspect of the index finger just distal to the proximal interphalangeal flexion crease. There is some scar contracture and hypertrophy at that region. This produces an approximately 5 to 10 degree flexion contracture. He has active flexion at the proximal interphalangeal joint to 90 degrees and lacks 2 of composite flexion to the distal palmar crease. He has intact profundus and superficialis. He has sensation intact to 6 mm both radially and ulnarward at the index tip. He has normal vascular flow. There are no signs of infection. Radiographs performed on 8-13-08 demonstrate volar soft tissue defect, but no bony abnormality. The evaluator recommended therapy for scar management and range of motion. At this time, the evaluator did not see any surgical indication.

Medical records reflect the claimant began a course of physical therapy on 10-3-08.

On 11-5-08, the claimant was evaluated by, MD. The claimant was last seen about a month ago for a lacerative crush injury to his index finger and he was sent to therapy. The claimant reported he was getting some benefit from therapy and notes immediately after therapy his motion is better than it is otherwise. On exam, he lacks about a centimeter of composite flexion to the distal palmar crease. It does represent an improvement since the last visit. Impression: Lacerative crush injury of the right index finger. The evaluator recommended continued therapy since he had demonstrated some improvement.

On 11-7-08, , DO., performed a Utilization Review. The reviewer reported that the request for physical therapy 3 x per week for 4 weeks was not certified. It was noted the claimant was status post 12 sessions of physical therapy so far.

On 12-3-08, the claimant was evaluator by, MD. The evaluator reported the claimant is now approximately three months post lacerative crush injury to his right index finger, which have been treated non-operatively. He was approved to have one round of physical therapy and went to physical therapy and did demonstrate some improvement in terms of motion. However, he was seen in the office on 11/05/08 and was prescribed more therapy since he did demonstrate some improvement. Apparently, that therapy was denied. The evaluator reported he did not receive that communication. Until today's visit with the claimant the evaluator had no idea that he was not getting therapy. On examination, the claimant demonstrates approximately 20° flexure contracture at the proximal interphalangeal joint of the right index finger. He has a total motion of approximately 90 at the proximal interphalangeal joint, minimal motion at the distal interphalangeal joint and lacks approximately 2 cm of composite flexion to the distal palmar crease. This represents a loss of motion since the last time he was seen. The evaluator felt that physical therapy was indicated. The evaluator reported this was his opinion based on his training and experience as a surgeon certified by the American Board of Orthopedic Surgeons and qualified with a certificate of added qualification issued by the American Academy of Orthopedic Surgeons and the American Board of Orthopedic Surgery.

On 12-8-08, a physical therapy evaluator notes the claimant presents with a diagnosis of crush injury to the right index finger. The claimant presents with signs and symptoms consistent with the diagnosis. The claimant has decrease finger range of motion, decrease grip strength and decrease function of the right upper extremity. The evaluator noted the claimant would benefit from physical therapy to address these findings. Recommendations were made for physical therapy 3 times a week for 4 weeks.

On 12-16-08, MD., performed an Appeal Review. The reviewer upheld the prior decision for non-certification for the requested physical therapy 3 x per week for 4 weeks.

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

MEDICAL RECORDS REFLECTS A CLAIMANT WITH STATUS POST A LACERATION INJURY TO THE RIGHT INDEX FINGER AS A RESULT OF A CRUSH INJURY. THE CLAIMANT HAS BEEN TREATED CONSERVATIVELY FOR THIS INJURY. HE HAS UNDERGONE 12 PHYSICAL THERAPY SESSIONS AND ADDITIONAL THERAPY 3X4 IS BEING REQUESTED. ODG-TWC REFLECTS THAT FOR AN OPEN WOUND OF THE FINGER OR HAND, UP TO 9 VISITS OVER AN 8 WEEK PERIOD IS RECOMMENDED. ADDITIONAL PHYSICAL THERAPY IS NOT IN ACCORDANCE WITH CURRENT EVIDENCE BASED MEDICINE AND NOT EVIDENT IN THIS CASE. ONE SHOULD CONSIDER SENDING THIS CLAIMANT TO OCCUPATIONAL THERAPY, NOT TO EXCEED 4 VISITS, TO INSTRUCT ON RANGE OF MOTION, EXERCISES AND MAINTENANCE TO AVOID FURTHER CONTRACTURE.

ODG-TWC, last update 12-20-08 Occupational Disorders of the hand - physical therapy:

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

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)