Becket Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Occupational Therapy x 9 sessions (97110, 97530, 97139, 97140, 97033, 97035, 97039, 97004)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 5/18/09, 5/29/09
, MD, 4/20/09, 1/12/09, 11/3/08, 9/12/08, 8/27/08, 7/30/08, 7/18/08, 6/23/08, 3/31/08, 11/14/07, 6/18/07, 4/16/07, 2/6/07
Referral, 4/26/09
, 2/2/07, 2/6/07, 4/27/09, 1/30/07
Operative Report, 7/16/08
Prescription, 4/20/09, 4/22/09

PATIENT CLINICAL HISTORY SUMMARY
This is a xx year old right handed woman who reportedly was injured in xx/xx. She was diagnosed with DeQuervain's and had some dysesthesias in the region of the dorsal radial sensory nerve. She failed to have resolution with 4 corticosteroid injections. She had a release in July 2008 and reportedly improved some without any formal therapy. She continued with local pain and reduced right hand strength compared to the left. She remained with local tenderness, and Dr. referred her for therapy in April 2009, 9 months post surgery. The therapist goal is pain control. Nine (9) Therapy sessions were requested and these include iontophoresis, ultrasound, and therapeutic exercises and activities. Records do not indicate she has had any post-operative therapy.

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

This patient has resumed some work including . She is now 9 months post op. The ODG describes the appropriateness of physical therapy following surgery as 14 visits over a 12 week period, presumably, starting in the perioperative period. The request is for iontophoresis as part of the treatment program. This is classified as under study and allows for a couple of sessions to control inflammation. The requested treatment is for 9 sessions over 3 weeks, which is consistent with the guidelines. The ODG discusses the use of iontophoresis and references CTS. Considering the variance in the treatment patterns, the prolonged symptomatology, the documented weakness and the possible compromise of the sensory branch of the radial nerve, the treatment program requested can be justified. This request meets the guidelines. The reviewer finds that medical necessity exists for Occupational Therapy x 9 sessions (97110, 97530, 97139, 97140, 97033, 97035, 97039, 97004).

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

[X] 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

[ ] 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)