

Wren Systems

An Independent Review Organization
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DATE OF REVIEW:

Jun/19/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OT x 8 Right hand/fingers (97110, 97140, 97530, 97022)

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

M.D., Board Certified Orthopedic Surgeon

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

ODG Guidelines and Treatment Guidelines

Determination Letters, 5/4/09, 5/19/09

Prescription, 2/7/09, 04/23/09

Office notes, 3/9/09, 03/30/09, 04/06/09, 04/15/09, 04/27/09

X-rays right hand, 3/12/09

PT evaluation, 4/2/09

PT note, 4/23/09

Peer review, 5/4/09

New deformity, 5/11/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male, right hand dominant, who sustained a crush injury to his right hand on xx-xx-xx. X-rays on 03/12/09 showed multiple non-acute fractures noting a non-displaced fracture at the base of the third middle phalanx, and the base and distal phalanx of the fourth finger. Minimal healing was noted. A therapy evaluation on 04/02/09 noted pain with active motion to the proximal interphalangeal joints of the ring and middle fingers with moderate edema and soft tissue tightness with slight impingement limiting proximal interphalangeal extension. An office note from 04/27/09 noted full motion with ten degrees lag at the distal interphalangeal. Continued splinting and therapy were ordered. The claimant was working full time light duty. A brief office note on 05/11/09 noted a new deformity with a twenty-degree lag at the proximal interphalangeal joint. Continued therapy was ordered. The request was non-certified on two separate reviews. One reviewer indicated the claimant completed thirty-three therapy sessions to date. The request was submitted for medical dispute resolution.

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

The claimant is a gentleman who sustained a right long and ring finger injury with fractures. The records document progressive healing of the fractures without specific change in position. There are multiple physical therapy and office visit records documenting limited motion with some improvement in therapy. There is no clear account of how many therapy sessions have occurred as of yet, but the 05/19/09 peer review would indicate that there have been 33 visits. This claimant has been denied further physical therapy on two previous peer reviews, indicating that there are no clinical notes from the treating physicians and no documentation of recent improvement with therapy. There is a brief office note from 05/11/09 indicating that there is a 20 degree extensor lag at the PIP joint, although it is not clear from the records who wrote this note and not clear which finger is being described. If one is only to take into account the medical records offered, they clearly do not document a specific need for more therapy. The records provided do not document whether or not the claimant is trying to work on his exercise at home or whether there has been any improvement. Therefore, in light of the lack of medical records documenting efficacy and progress or documenting why this claimant cannot do exercise at home, then there is no specific indication for further physical therapy. The reviewer finds that medical necessity does not exist for OT x 8 Right hand/fingers (97110, 97140, 97530, 97022).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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