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DATE OF REVIEW:

Jun/29/2009

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

Occupational Therapy 3xwk x 3wks (97530, 97140)

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

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, 5/21/09, 5/29/09
Bone & Joint Institute, 6/8/09, 4/17/09, 5/8/09-5/22/09,
4/17/09-5/6/09, 10/31/08-11/21/08, 12/1/08-12/22/08
Letter to IRO from, 6/16/09
Emergency Admission Record, 9/4/08
Left Hand, 2 views, 9/4/08
Operative Report, 1/20/09
MD, 1/26/09, 2/16/09, 3/18/09
Treatment History

PATIENT CLINICAL HISTORY SUMMARY

This man sustained a crush injury to his left hand on xx-xx-xx. He apparently sustained fractures of the metacarpals of the 4 fingers. He had surgery followed by 10 sessions of OT. He had a malunion of the left index finger. This was treated with osteoclisis and a bone graft (with injection of a trigger finger) on 1/20/09. He had 12 sessions of OT. He has good DIP and PIP motion, but still has loss of MP motion with the goal of further improvement with therapies per Ms, his hand therapist. An additional 9 sessions of OT have been requested and are the subject of this review.

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

This man has experienced the trauma of an original crush injury, and two surgical procedures in his left hand. Records indicate this gave a lot of local trauma with edema with associated scarring and restricted motion. Additional therapy has been requested beyond the amount that ODG recommends. The ODG permits 16 sessions following surgical treatment of the

metacarpal fractures that is to be accompanied by a self-directed “fading” program. Additional therapies are permitted to work on strength. The presence of these additional procedures increases the amount of trauma and fibrosis. While it is unclear what further motion can be regained at 5 months post surgery, based on the reviewer’s experience in hand surgery rotations as a resident in orthopedic surgery and in the hand rehabilitation programs in the reviewer’s PMR residencies, the reviewer finds justification to vary from the ODG in this particular case. Therefore, the reviewer concurs with the provider that the extra 9 sessions are medically necessary for this patient. The reviewer finds that medical necessity exists for Occupational Therapy 3xwk x 3wks (97530, 97140).

Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (Handoll-Cochrane, 2003) (Handoll2-Cochrane, 2003) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy (p<0.05). (Rapoliene, 2006)

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface

Fracture of metacarpal bone (hand) (ICD9 815)

Medical treatment: 9 visits over 3 week

Post-surgical treatment: 16 visits over 10 weeks

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)