



Notice of Independent Review Decision

DATE OF REVIEW:

03/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy three times per week for four weeks.

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

Doctor of Osteopathy Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested Physical Therapy (PT) three times per week for four weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 02/27/09 MCMC Referral
- 02/26/09 letter from Network & Medical Operations, with attached list of disputed services
- 02/23/09 Notice To MCMC, LLC Of Case Assignment,
- 02/20/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 02/19/09 Request For A Review By An Independent Review Organization
- 02/18/09 letter from LVN,
- 02/10/09 letter from LVN,
- 02/05/09 Initial Evaluation, PT, Orthopedic Surgery Group
- 02/02/09 report from M.D., Orthopedic Surgery Group
- 11/20/08 report from M.D., Orthopedic Surgery Group
- 12/10/08, 12/08/08, 11/19/08, 10/22/08, 09/24/08, 08/13/08, 07/16/08, 06/25/08, 05/28/08, 04/28/08, 04/02/08, 02/01/08 reports from M.D., Orthopedic Surgery Group
- 08/15/07 letter from Dr.
- 07/11/07, 06/25/07, 06/22/07, 06/18/07, 06/06/07, 06/04/07 reports from P.T.A., Orthopedic Surgery Group
- 04/02/07 to 01/07/09 Treatment History

- ODG Treatment – Integrated Treatment/Disability Duration Guidelines for Neck and Upper Back (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx/xx. The diagnosis is Carpal Tunnel Syndrome (CTS) primarily with a secondary diagnosis of cervical radiculopathy. The injured individual had six PT sessions in 06/2007. In 02/2008 he was awaiting a carpal tunnel release. Electromyogram (EMG) was positive for carpal tunnel and C6 radiculopathy. The attending physician's (AP) note of 11/2008 states PT did not help and he is recommending epidural steroid injections (ESIs). There are also suggestions for cervical and carpal tunnel surgeries.

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

The injured individual had PT for six visits in 06/2007 for his main complaint of CTS. The AP's note of 11/20/2008 indicated he had three weeks of PT with no relief. The other notes indicate cervical ESIs, cervical surgery, and carpal tunnel surgery were suggested after 06/2007. For these reasons, no further PT is warranted as it does not appear to benefit this injured individual.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**

Official Disability Guideline (ODG) 2009: ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Carpal tunnel syndrome (ICD9 354.0):

Medical treatment: 1-3 visits over 3-5 weeks

Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks

Post-surgical treatment (open): 3-8 visits over 3-5 weeks