



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 3-31-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational therapy 2 x 4, for a total of 8 sessions

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

American Board of Orthopaedic Surgery

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

10-24-08 Surgery performed by DO.,

DO., follow-up visits from 12-2-08 through 2-12-09 (3 visits).

2-3-09 Physical therapy evaluation.

2-9-09 MD., Utilization Review.

2-23-09 MD., Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10-24-08, the claimant underwent open carpal tunnel release, release of first dorsal compartment, removal of mass ganglion right ulnar wrist, extensor tendon synovectomy of multiple extensor tendons, right wrist and injection of lateral epicondyle of the right elbow.

12-2-08 DO., the claimant is seen for follow-up for her multiple surgeries about her right wrist and hand. She is doing much better. She is slowly progressing in therapy, but she is still complaining of some swelling and some numbness about her incisions. On exam, she does have some numbness about her incision but it is improving. She does have swelling, especially over the dorsal wrist incision. The motion is improving significantly and her strength is beginning to return. The evaluator recommended the claimant continue with scar massage, edema control, range of motion, and strengthening. She will follow up in six weeks. She is still not quite ready to go back to work. Will add dexamethasone with iontophoresis to improve her symptoms.

1-15-09 OPA-C., the claimant is now xxxx months out from her multiple issues. She is in formal therapy. She is making progress in regards to motion but still has some weakness. She is reporting intermittent dull pain at 4-8/10. Her biggest issue is of swelling about the dorsum of her wrist. When she is active with her wrist, the swelling increases but when she has the wrist at rest it seems to go down. On exam of the right wrist, all surgical incisions are healed with no evidence of infection. She has normal sensibility to light touch in the median nerve distribution. No significant tenderness about the first dorsal compartment and negative Finkelstein. She has full flexion and extension of her metacarpophalangeal and interphalangeal joints and can make a composite fist. She does have some weakness with extension though. There is a large,

soft area about the dorsum of the wrist just distal to the surgical incision that appears fluid filled. It appears to be gliding somewhat with the extensor tendons. 2+ radial pulses. Brisk capillary refill. Sensory is intact. She has wrist motion of approximately 70 degrees extension and 55 degrees flexion. The evaluator reported that here is fullness about the dorsum of the wrist and more than likely represents a cyst from the extensor retinaculum. At this point, it is fairly asymptomatic. However, may require excision down the road. It is more likely the result of the extensive tenosynovectomy that was performed. She does have some limited range of motion and a dynamic wrist splint is recommended. She will restrict her pushing, pulling, lifting and repetitive use at work. She will return in 4-5 weeks for repeat evaluation. Hopefully she will be at MMI.

2-3-09 Physical therapy evaluation noted the claimant has made good progress with occupational therapy with increased strength and range of motion. The claimant has limited functional use for work activities. Therefore, the claimant would benefit from continued occupational therapy to increase strength. It is noted the claimant has attended 17 occupational therapy visits from 11-17-08 through 2-3-09.

2-9-09 MD., provided an adverse determination for additional occupational therapy. The evaluator reported the requests exceed guidelines. The claimant should be proficient with a home exercise program at this juncture of treatment.

2-12-09 DO., the claimant is here for follow-up for her right wrist multiple procedures. She has been with the Dynasplint, is finally starting to see some significant progress in terms of motion, swelling and pain relief. She states the therapy itself when she had it was also extremely helpful and unfortunately, all of that is being cut off. On exam, she does still lack wrist flexion and extension. Her swelling is diminished significantly but she still does have a little bit of dorsal swelling over her dorsal wrist incision. Neurovascular is grossly intact. Negative carpal compression. Strength is improved but still significantly diminished. The evaluator recommended the claimant continue with the Dynasplint flexion, extension, and aggressive therapy. Focus on a strengthening program. The evaluator reported that the case manager is with her today and the evaluator discussed that it is imperative that she get this done to get her back to where she needs to be.

2-23-09 MD., provided an adverse determination for additional occupational therapy. The evaluator reported there was lack of rationale for further supervised physical therapy outside of ODG criteria.

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

THIS CLAIMANT HAS EXCEEDED THE RECOMMENDED OCCUPATIONAL THERAPY PER ODG AND THERE IS NO INDICATION OR EVIDENCE THAT ADDITIONAL OCCUPATIONAL THERAPY WILL FURTHER IMPROVE HER

CONDITION. THERE HAS NOT BEEN REALLY ANY DOCUMENTATION OF IMPROVEMENT WITH THE OCCUPATIONAL PROVIDED (17 VISITS) ONLY THAT THE CLAIMANT IS DOING BETTER, BUT NO REAL OBJECTIVE DATA OF IMPROVEMENT. THEREFORE, ADDITIONAL OCCUPATIONAL THERAPY IS NOT EVIDENT PER DOCUMENTATION PROVIDED.

ODG-TWC, last update 12-23-08 Occupational Disorders for Carpal Tunnel Syndrome – Physical therapy/occupational therapy: Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. See also more specific physical therapy modalities.

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

Synovitis and tenosynovitis (ICD9 727.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 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)**