

# MATUTECH, INC.

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**DATE OF REVIEW:** May 5, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Physical therapy 12 visits

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice in the state of Texas for over 22 years.

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury to his right hand. The injury occurred on xx-xx-xx.

In December 2008, the patient underwent physical therapy (PT) evaluation for right finger pain. The diagnoses were crushing injury of hand, pain in joint involving hand, and amputation stump complication. Treatment plan included PT

three times a week for four weeks, referral to a hand specialist for evaluation of his right hand, and referral for pain management.

Per utilization review dated January 27, 2009, M.D., noted Mr. had attended 18 sessions of PT. Dr. denied the request for 12 sessions of PT with the following rationale: *"The claimant has met recommended physical therapy for this injury. Records do not reflect the clinical indications for ongoing formal physical therapy versus a home exercise program."*

On February 3, 2009, M.D., saw the patient for mild pain with stiffness and weakness at the right distal P2, DIP, and PIP/IP level. He was utilizing Elavil, Lortab, and Vicoprofen. X-rays of the right finger from January and February, 2007 revealed amputation via base of tuft in P3 right index and amputation via P3 shaft lacking soft tissue. Dr. diagnosed right index finger crush/contusion and amputation and recommended PT for three visits per week for four weeks.

On February 12, 2009, D.C., denied the appeal for PT three times per week for four weeks with the following rationale: *"Dr. an associate of Dr. reports that he has had 12 physical therapy sessions already. Still complains of pain 8/10. There is full ROM for all joints of the hand, except the missing DIP joint. The rationale for additional treatment is to treat pain and range of motion deficits. I pointed out that Dr., the hand specialist, noted that this patient had full range of motion, except where the amputated tip was. Dr. stated he was an associate doctor and did not know the patient well. The patient has been taken off work. After discussion with Dr. and a review of the submitted documentation, this request exceeds guidelines for prospective review."*

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

Based on the records provided, the claimant sustained an injury to the right index finger on xx/xx/xx involving amputation of the distal interphalangeal joint. The claimant received the appropriate surgeries to repair the wound and the appropriate post surgical rehabilitation as reasonably required by the nature of the injury. The claimant was educated in home-based self-directed exercise protocols. Based on the report dated 02/03/09, the claimant did not have remarkable functional limitations as related to the compensable injury that would reasonably require the intensive supervised one-on-one physical therapy (97110) for 3 units, neuromuscular re-education (97112) for 1 unit in addition to manual therapy (97140) as requested at the frequency of 3 times per week for the duration of 4 weeks. Based on the ODG web-based treatment guidelines, the claimant has received the appropriate care for the compensable injury. The requested treatment plan of supervised one-on-one therapeutic exercises (97110) times 3 units, neuromuscular re-education (97112) times one unit, and manual therapy (97140) is beyond treatment guideline parameters without significant clinical findings to support the deviation.

**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
  
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES