

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/07/2009

**IRO CASE #:**

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

Physical Therapy 2x/week x 3 weeks, Left Hand, 97110, 97018, 97140, 97530

**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

Adverse Determination Letters, 8/21/09, 9/3/09

Request for Reconsideration, 8/24/09

MD, 9/14/09, 9/10/09, 8/27/09, 8/13/09, 8/18/09

PPE, 8/17/09

Daily Progress Note, 10/8/09, 8/31/09, 8/27/09, 8/17/09, 8/14/09, 8/13/09

Physical Assessment Evaluation and Treatment Plan, 8/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male injured when a tree fell on him in xx/xxxx. The medical records indicate he sustained multiple soft tissue and vascular injuries including rib and left scapula, right clavicular, C5/6 and C7 transverse process fractures, a C7 lamina fracture and a C7 lamina fracture. Dr. noted that he had a left ulnar nerve decompression at the elbow in 12/08, and a cervical fusion in 9/08. These were followed by physical therapy (44 sessions). He currently has coldness, numbness and pain in his left hand with thenar and interosseous atrophy, reduced sensation and inability to make a fist. There are a series of pain drawings. He also has diabetes.

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

While this patient has had 44 sessions of physical therapy, Dr. stated that this man had not received any therapy on his hand. However, records of the 44 therapy sessions were not made available for this review, so this reviewer has no way of knowing whether or not any of the therapies after the patient's cervical surgery and particularly after his ulnar nerve surgery, included treatments to the other parts of the extremities, including the hand. The provider notes that "the 44 PT visits that (Patient's Name Deleted) received prior to coming to our clinic was for the left shoulder injury; therefore the patient has not received ANY physical therapy treatments for the left hand...As stated earlier, these 44 PT visits were done at another facility prior to the patient coming to our clinic, therefore, we cannot provide PT progress notes to objectively document functional progress." Unfortunately, though, without the prior PT records, the reviewer is unable to overturn the previous adverse determinations. The reviewer finds that medical necessity does not exist at this time for Physical Therapy 2x/week x 3 weeks, Left Hand, 97110, 97018, 97140, 97530.

Physical/ Occupational therapy

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 carpal bone (wrist) (ICD9 814)

Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2)

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 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)