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Notice of Independent Review Decision

DATE OF REVIEW: 10/26/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational Therapy – 6 visits requested

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	354.0	97110	Upheld
		Prospective	354.0	97140	Upheld
		Prospective	354.0	97022	Upheld
		Prospective	354.0	97035	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physical/Occupational Therapy Progress Notes from 7/30/09 through 9/21/09

Official Disability Guidelines cited – ODG Physical Therapy

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PATIENT CLINICAL HISTORY:

The patient is a female who is status post a left carpal tunnel release. Records indicate the patient has undergone 18 sessions of physical/occupational therapy. On 09/21/09 it was reported the patient's left wrist extension improved from 53 to 69 degrees, flexion from 48 to 53 degrees with pain, radial deviation from 14 to 19 degrees, grip strength from 3 to 4 lbs, lateral pinch improved from 3 to 4 lbs. Her VAS is reported to have improved from 3-4/10 to 0-4/10. She reported functionally she is able to wash her hands. She subsequently has been recommended to undergo additional physical therapy 2xWk for 3Wks.

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

In the Reviewer's opinion, the request for occupational therapy 3xWk for 2Wks totaling 6 additional sessions is not medically necessary based on the submitted clinical records which consisted of occupational therapy progress notes. The patient is reported to have undergone a left carpal tunnel release on 07/15/09. Current evidence based guidelines would support 3-8 sessions of postoperative physical therapy. The Reviewer noted that the submitted clinical records do not suggest significant improvements with 18 sessions. The patient has already far exceeded current evidence based guidelines, and as such there are no clinical indications the patient would achieve further functional improvement with additional 6 sessions.

References:

The 2009 Official Disability Guidelines, 14th edition, The Work Loss Data Institute. Online edition. Carpal Tunnel Chapter.

Physical medicine treatment

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

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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.

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

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

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- 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)**