

Notice of Independent Review Decision

DATE OF REVIEW: 10/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 visits of physical therapy to the left hand

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

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)

18 visits of physical therapy to the left hand Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet by dated 9/28/2009
2. Notice of case assignment by dated 9/28/2009
3. Facsimile transmittal cover sheet by dated 9/25/2009
4. Request for a review by an independent review organization by dated 9/25/2009
5. Letter by dated 9/10/2009
6. Letter by dated 8/27/2009
7. Confirmation of receipt of a request for a review by an independent review organization (IRO) by author unknown dated unknown
8. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Per medical review notes on 9/10/09, the injured employee is a male who injured his left hand by a crush injury on xx/xx/xx. The injured employee has a diagnosis of traumatic compartment syndrome of the upper extremity and finger fracture. The injured employee underwent left hand dorsal compartment fasciotomy and hypothenar fasciotomy on 12/14/09. The injured employee was treated with PT post operative. Notes on 3/27/09 document severe limitations with respect to functional activity. He reported compliance with home exercise program pain score 5/10 with severed functional limitations. PT discharge note on 5/19/09 states the injured employee is discharged from PT, as he did not return or contact PT. The discharge note on 5/19/09 did not include a formal evaluation of the injured employee as he had not returned for follow up. It is unclear how many sessions of PT were performed. On

7/7/09 physical exam shows limited range of motion of fingers, slightly improved but pain with extension and flexion of the fingers, stiffness and dysvascular phenomenon secondary to the compartment syndrome crush injury. X-rays are documented as "look good with good healing of his fractures".

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

To date the injured employee has had 12 visits of therapy approved but it is unclear how many sessions of PT have been completed.

Denial letter dated 8/27/09 recommended non-certification of requested therapy sessions as not medically necessary. Also, ODG recommends 16 visits of PT for a diagnosis of complicated finger fracture and the injured employee has had 12 to date so far. Exceptional factors are not documented to support 18 additional therapy sessions. A second denial letter is dated 9/10/09 recommended non-certification due to lack of sufficient clinical documentation demonstrating the injured employee's progress and compliance with previous therapy program.

There is insufficient clinical documentation to support additional PT at this time due to the absence of information regarding the injured employee's current status, progress to date, physician follow up and his compliance. ODG recommends 16 visits of PT for complicated finger fracture injury. The injured employee has had 12 visits of PT preauthorized. The most recent PT clinical note dated 5/19/09 notes that he was discharged from treatment due to lack of contact with the therapy provider. The functional status of the injured employee is unknown at this time. The compliance of the injured employee is unknown at this time. It is unclear if he has had recent follow up with treating physician. An additional 18 visits of PT at this time would far exceed ODG recommendations for a total of 16 therapy visits for the injured employee's injury and no exceptional factors for such a high number of additional visits are given by the requesting provider. Based on these factors 18 visits of physical therapy to the left hand are not recommended as medically necessary. Recommendation is to uphold the previous denial for 18 visits of physical therapy of the left hand.

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)