

# P&S Network, Inc.

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**DATE OF REVIEW:** 09/02/09

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

12 Occupational Therapy Sessions between 8/5/2009 and 10/4/2009

**REVIEW OUTCOME**

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

be: Upheld (Agree)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and prior reviews the patient is a xx-year-old right-handed male employee who sustained an industrial injury to the left wrist and hand with a date of injury xx/xx/xx associated with repetitive keyboarding. He was treated in occupational medicine and deemed at MMI on July 16, 2009 with an impairment rating of 1%.

When examined in follow-up on July 28, 2009. The initial examination by this provider appears to have been conducted on June 30, 2009. On July 28, he was noted to have a normal EMG and nerve conduction study, which would be consistent for someone with early mild carpal tunnel syndrome. The physical examination noted a positive Tinel's and Phalen's over the carpal tunnel. Pinwheel and pinprick were slightly diminished over the tip of the thumb and index finger. Cervical compression was negative.

As he had not improved significantly with splinting and medication a short course of therapy was recommended for his tenosynovitis and CTS. The provider did not consider the patient at MMI. 12 sessions of PT were requested on July 28, 2009.

The patient was assessed in therapy on August 4, 2009. MRI showed a possible cyst. EMG indicated no severe carpal tunnel syndrome. He does not smoke. He reports tingling, loss of strength and motion and pain of 8/10. Left wrist active ROM versus right is: 45/60 flexion, 35/60 extension, 20/30 ulnar deviation and 15/20 radial deviation. Left lateral pinch strength is 3 pounds versus 10 pounds on the right. Left 2 point pinch strength is 2 pounds versus 5 on the right. Finkelstein's is positive bilaterally. An ergonomic assessment and 8 sessions of occupational therapy were recommended.

Request for 12 sessions of therapy to the left hand between 8/11/2009 and 10/10/2009 was not certified in review on August 10, 2009 with rationale that the requested number of visits exceeds guidelines. Additionally, the proposed therapy measures do not document a home exercise program. Additional medical information would be needed to substantiate the medical necessity of the request. Per the guidelines, when treatment duration and/or number of visits exceeds guidelines, exceptional factors should be noted.

The physician reviewer noted on August 10, 2009 that per an OMNI entry dated 7/23/2009 the patient has reached maximum

medical improvement on 07/16/2009 with an impairment rating of 1 percent. Per the reviewer medications, imaging findings, and a rationale for the request were not found in the submitted records. ODG support up to 9 visits of PT over 8 weeks for the patient's diagnosis.

Request for reconsideration of 12 additional sessions of PT were not certified in review on August 14, 2009 with rationale that the request exceeds expected therapy for this issue with no clear explanation of the reason additional therapy is desired. While the therapy report reported MRI with possible cyst and normal electrodiagnostic studies, these reports were not submitted for review. A peer discussion was attempted but not realized.

On August 17, 2009 request was made for an IRO.

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

The patient was deemed MMI on July 16, 2009 with an impairment rating of 1%. The patient remains symptomatic with tingling, pain and weakness noted in the left hand and a diagnosis of tenosynovitis and carpal tunnel syndrome. ODG support up to 9 visits of PT over 8 weeks for the patient's diagnosis.

The therapist appropriately recommended 8 sessions of therapy. The provider, unfortunately, has requested 12 sessions without providing an explanation for extended therapy beyond guidelines or clinical documentation to establish the medical necessity for extended therapy.

As noted in the PT preface, home programs should be initiated with the first therapy session and must include ongoing assessment of compliance as well as upgrades to the program #3) and when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted (#6).

The provider has had an opportunity to provide additional rationale for the request with none submitted. Given the requested amount of therapy exceeds the amount recommended by ODG without clarification of exceptional factors, a positive response cannot be provided to the appeal. Therefore, my recommendation is to agree with the prior non-certification for 12 Occupational Therapy Sessions between 8/5/2009 and 10/4/2009.

The IRO's decision is consistent with the following guidelines:

**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

X  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

The Official Disability Guidelines - Forearm, Wrist and Hand (8-24-2009), 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. 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. Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy.

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.

Synovitis and tenosynovitis (ICD9 727.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Sprains and strains of wrist and hand (ICD9 842):

9 visits over 8 weeks

Sprains and strains of elbow and forearm (ICD9 841):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

Pain in joint (ICD9 719.4):

9 visits over 8 weeks

Carpal tunnel syndrome (ICD9 354.0):

Medical treatment: 1-3 visits over 3-5 weeks

PT Preface:

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency. (3) Home programs should be initiated with the first therapy session and must include ongoing assessment of compliance as well as upgrades to the program. (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.