COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

Date of Notice of Decision: 12/6/10
Date of Amended Decision 12/8/10

DATE OF REVIEW: 12/6/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for eight additional sessions of physical therapy (CPT codes 97110, 97112, 97140).

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

Texas licensed plastic surgeon.

REVIEW OUTCOME:

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

□ Upheld (Agree)

□ Overturned (Disagree)

X Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for eight additional sessions of physical therapy (CPT codes 97110, 97112, 97140).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Referral dated 12/2/10.
2. Pre-Authorization dated 11/19/10, 11/11/10, 10/18/10, 9/13/10, 9/7/10, 8/6/10.
3. Request for Continuation of Treatment Form dated 11/5/10.
4. SOAP Notes dated 11/4/10, 11/2/10, 10/21/10, 10/19/10, 10/12/10, 10/8/10, 10/6/10, 10/5/10, 9/30/10, 9/29/10, 9/23/10, 9/22/10, 9/20/10, 9/16/10, 9/15/10, 9/13/10, 9/3/10.
5. Plan of Care Form dated 11/4/10, 10/8/10, 9/3/10.
6. Hand Re-Evaluation Form dated 11/4/10, 10/8/10, 9/3/10.
7. Hand/Wrist/Elbow Flow Sheet dated 11/2/10, 10/21/10, 10/19/10, 10/12/10, 10/8/10, 10/6/10, 10/5/10, 9/30/10, 9/29/10, 9/23/10, 9/22/10, 9/20/10, 9/16/10, 9/15/10, 9/13/10, 9/3/10.
8. Clinical Note dated 11/2/10, 10/5/10, 9/13/10, 8/30/10, 8/19/10, 8/10/10, 8/3/10.
9. Work Status Report dated 11/2/10, 10/5/10, 9/13/10, 8/30/10, 8/19/10, 8/10/10, 8/3/10, 7/29/10.
10. Doctor's Order Form dated 8/30/10, 7/30/10, 7/29/10.
11. Time Sheet dated 8/13/10, 8/12/10, 8/11/10, 8/10/10, 8/9/10.
12. Coding Summary Form dated 8/5/10.
13. Medication Reconciliation Form dated 7/30/10 x2.
14. Chart Note dated 7/30/10 x2.
15. Point of Care Testing Form dated 7/30/10.
16. Face Sheet dated 7/29/10.
17. Short Case Record Form dated 7/29/10.
18. Immediate Post-Operative Note dated 7/29/10.
19. Operative Report dated 7/29/10.
20. X-Ray of the Left Fingers dated 7/29/10.
21. Pre-Procedure/Surgical Verification Checklist dated 7/29/10.
22. Post-Anesthesia Care Unit Record dated 7/29/10.
23. Anesthesia Record dated 7/29/10.
24. Anesthesia Pre-Operative Evaluation Report dated 7/29/10.
25. History/Physical Report dated 7/29/10.
26. Initial Nursing Orders Form dated 7/29/10.
27. Additional Progress Notes dated 7/29/10.
28. Trauma Nursing Template Form dated 7/29/10.
29. Emergency Physician Record dated 7/29/10.
30. There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx
Gender: Male
Date of Injury: xx/xx/xx

Mechanism of Injury: Table saw injury to the dorsum of the left middle finger.
Diagnosis: Open fracture left middle finger proximal phalanx with extensor tendon injury.

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

This claimant was injured 4 months ago and after surgical repair had 16 physical therapy (PT) sessions. This claimant previously underwent and was approved for 16 PT sessions. The PT note from 11/4/10 revealed pain in the dorsal Proximal Interphalangeal (PIP) to Distal Interphalangeal (DIP) with passive range of motion (ROM). The claimant locked 1.5 cm from the palm with the index finger and 2.5 cm from the palm with the middle finger. The ODG states that postsurgical physical therapy guidelines for complicated injuries such as this (open fracture with extensor tendon injury) allow for 16 visits over 10 weeks .The requested additional 8 more sessions of physical therapy (CPT codes 97110- Therapeutic exercises to develop strength and endurance, range of motion and flexibility, 97112- Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception6 for sitting and/or standing activities , 97140- Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction) would lead to a total of 24 sessions, which exceeds the guidelines. However, since more physical therapy is needed for the deficits noted, the previous adverse determination is partially overturned to allow for four additional physical therapy visits.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Forearm Wrist Hand--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….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 one or more phalanges of hand (fingers):
Minor, 8 visits over 5 weeks. Post-surgical treatment: Complicated, 16 visits over 10 weeks.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).