

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Addtl Occupational Therapy Left Wrist 3xwk x 4wks

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

Adverse Determination Letters, 12/9/09, 12/16/09

Management Inc 12/21/09, 5/23/08

Management 8/5/08

xxxxx 12/28/07, 1/29/08, 2/18/08, 2/25/08,

3/24/08, 6/17/08, 7/8/08, 8/5/08, 9/16/08, 10/13/08, 10/27/08, 12/3/08,

12/28/08, 1/27/09, 2/24/09

M.D. 1/7/08, 1/29/08, 2/27/08, 6/2/08

DO 4/23/08

xxxxx 6/12/08, 8/11/08, 12/8/08, 9/11/09,

9/23/09, 10/14/09, 10/20/09, 10/26/09, 10/28/09, 10/30/09, 11/2/09, 11/5/09,

11/6/09, 11/10/09, 11/12/09, 11/17/09, 11/19/09, 11/23/09, 11/25/09

xxxxxxx 10/6/08

M.D., P.A. 10/10/08

xxxxx 3/31/09, 5/15/09, 6/15/09, 6/22/09

Eval. 5/18/09

xxxxx 6/15/09

History and Physical Examination 8/18/09

xxxxx 9/8/09, 9/15/09

Masters 9/24/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a man who reportedly injured his left wrist on xx/xx/xx. It was initially felt to be a sprain. He was subsequently found to have CTS (EMG3/24/08). An MRI 10/6/08 showed arthritic changes in the thumb, and a suspected partial tear of the TFCC with an ulnar impingement syndrome. Dr. saw him on 3/31/09 and felt he had arthritic changes in the wrist. Dr. later wrote (6/22/09) that this man had ulnar carpal impaction that was not caused by work, but aggravated by work. He had carpal tunnel release on 9/15/09 by Dr.. The CTS was accepted as a work related injury, but not the arthritic changes. The request for surgery by for the impaction was denied. He was started on physical therapy post surgery, but apparently there was a delay. He reportedly had problems with hypersensitivity of the scar, and reduced grip. The hypersensitivity persisted after 8 sessions of therapy. The therapist requested 12 additional therapy sessions (11/23/09) for the pain and limited motion.

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

The ODG permits a limited amount of therapy after CTS release. There is some loss of motion attributed to the arthritis that was not determined to be work related. The therapy is to be at a reduced amount with the emphasis on a self directed program. The records did not indicate how the patient was performing a self directed program. The ODG allows up to 8 sessions of therapy after CTS surgery. Sprains can receive a similar amount of therapy. Arthropathy is permitted more therapy, but this was determined not to be work related. As such, this argument would be mute. Although the man remains symptomatic, nothing was provided to justify a variance from the ODG recommendations. The reviewer finds that medical necessity does not exist for 97110 Addtl Occupational Therapy Left Wrist 3xwk x 4wks.

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....

Dislocation of wrist (ICD9 833)

Medical treatment: 9 visits over 8 weeks

Sprains and strains of wrist and hand (ICD9 842)

9 visits over 8 weeks

Pain in joint (ICD9 719.4)

9 visits over 8 weeks

Arthropathy, unspecified (ICD9 716.9):

Medical treatment: 18 visits over 6 weeks

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-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)