

Notice of Independent Review Decision

DATE OF REVIEW: 07/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational therapy at 3 times per week for 4 weeks to the right index finger, OT 3 x 4, R index finger 97110, 97140

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the occupational therapy at 3 times per week for 4 weeks to the right index finger, OT 3 x 4, R index finger 97110, 97140 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 06/29/10
- Letter of determination from xxxxx – 06/02/10, 06/11/10
- Operative note by Dr. – 03/15/10
- Occupational therapy notes – 03/11/10 to 06/08/10
- Appeal letter from Physical Therapy 06/04/10
- Hand therapy notes from Physical Therapy – 04/14/10 to 05/24/10
- Occupational therapy evaluation – 04/14/10
- OT Progress Note – 05/21/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx resulting in an extensor laceration at the proximal interphalangeal joint of the right index finger. The patient underwent an incision and drainage of the wound, repair of the extensor tendon and pinning of the proximal interphalangeal joint of the right index finger. Following surgery he was

experiencing some stiffness in the finger and has undergone occupational therapy. The treating orthopedic surgeon has recommended continuing occupational therapy for 3 times a week for 4 weeks.

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

The proximal interphalangeal joint was immobilized for one month after extensor tendon repair and the ODG Guidelines do not reflect in the particular case. Some areas suggest 9 visits over 8 weeks for this type of injury and mallet finger is 16 visits over 8 weeks. This case is more complex than mallet finger and not at the distal interphalangeal joint. Therefore, it is determined that the additional 12 visits of occupational therapy is medically necessary.

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)