



**DATE OF REVIEW:** 05/27/10

**IRO CASE #:**

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

Occupational therapy two times per week times four weeks, left hand

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 23 years of active and current practice of Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Physical therapy progress notes from, 03/12/10 and 04/19/10
2. Physician reviewer’s opinions, 04/23/10 and 05/13/10
3. Occupational therapy order from Dr. , 05/06/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was allegedly injured on xx/xx/xx while polishing a wine glass. The claimant was pushing a towel inside the glass when the stem broke, lacerating his left hand.

On 03/12/10 evaluated the claimant after the claimant had attended 23 visits of physical therapy and occupational therapy. Ms. noted the claimant was scheduled for tenolysis of the left flexor tendon on 03/17/10. The claimant complained of “zero” level of pain and indicated that they were working with acceptable tolerance. Functional goals of grasping,

lifting, and carrying were “not addressed” during this office visit. Additionally, impairment goals of grip strength were also “not addressed.”

On 04/19/10, after having surgery, the claimant was re-evaluated by Ms. following thirteen more physical therapy and occupational therapy visits. The claimant was apparently being cautious to not aggravate the tendon but was working modified duty with acceptable tolerance. The claimant had minimal “not interfering” pain. Functional goals indicated the claimant was making “moderate” progress in grasping. Lifting and carrying assessment was not done. Grip strength indicated the claimant’s goal of 80 pounds of grip strength had been achieved as of 04/19/10. Ms. recommended continued use of compression and electrical stimulation, progressing as the patient tolerated it, and continued and progressive treatment with no specific plans documented.

Initial Physician Review on 04/23/10 recommended nonauthorization of the requested eight sessions of additional occupational therapy, citing ODG Guidelines that indicated nine visits of occupational therapy and physical therapy over eight weeks were medically reasonable and necessary for open wound of the finger or hand. The reviewer also noted that “exceptional factors” should be noted if treatment duration or number of visits exceeded that guideline. Noting the claimant had completed at least twelve visits after the surgical tendon repair, and the claimant undergoing extensive preoperative rehabilitation therapy, the physician reviewer recommended against authorization. The reviewer also noted that there was no documentation of a physical assessment of the claimant’s condition to determine necessity for further treatment.

On 05/06/10 Dr. ordered four weeks of occupational therapy, one to two times per week. No progress note, however, was provided. A second Physician Reviewer evaluated that reconsideration request on 05/13/10, also recommending nonauthorization of the eight requested sessions. That reviewer also noted that there was no physician assessment of the claimant’s current condition and that the occupational therapy notes did not specify specific further occupational therapy plans for the claimant.

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

ODG Guidelines clearly recommend nine visits of physical therapy and occupational therapy over an eight-week period for an open laceration injury of the finger or hand. This claimant has clearly exceeded that recommended number of treatments. Additionally, the occupational therapy notes indicate that the claimant was successfully working modified duty without significant interference from pain or dysfunction and, in fact, that the goal for grip strength had been met as of 04/19/10. Nonspecific deficits regarding the claimant’s functional status only were documented. Dr. did not document any physical examination nor, for that matter, any evaluation of the claimant on 05/06/10 when he ordered four more weeks of physical therapy and occupational therapy one to two times per week. Absent such evaluation and examination, which should have included a functional evaluation of the claimant’s left hand, there is no objective verifiable data that would indicate the need for any further physical therapy or occupational therapy of the claimant’s left hand. The evaluations documented by Ms. did

not demonstrate evidence of significant functional deficit that would otherwise substitute for an actual physician evaluation. Therefore, according to ODG Treatment Guidelines, the fact that the claimant is successfully working modified duty without significant interference and has met some of the functional goals of physical therapy, and the lack of physician evaluation of the claimant, I fully agree with the two previous Physician Advisers' recommendations for nonauthorization of the requested eight sessions of occupational therapy. There is no medical reason or necessity for eight additional sessions of occupational therapy, given the facts of this case and absent any exceptional or extraordinary circumstances that would otherwise justify exceeding ODG Treatment Guidelines.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)