

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070
Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030
e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 05/03/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 97110 Therapeutic exercise, G0283 E Stimulation, 97140 Manual therapy techniques; ea 15 min. Both 9 sessions

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 03/24/10 and 03/29/10
2. Prior utilization reviews dated 04/02/10 and 04/12/10
3. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a -year-old male who is being seen for complaints of wrist soreness and tendonitis. The employee was stated to have had prior therapy and continued to complain of swelling and inflammation. Physical examination revealed swelling present over the dorsal and ulnar aspect of the wrist with mild tenderness to palpation over the second, sixth, and third extensor compartments. Mild tenderness was also present over the first extensor compartment. A prior MRI study was stated to show evidence of a hematoma in the forearm with tendonitis over the dorsum of the hand. The employee

was referred to work with a therapist on edema control, range of motion, and tendon gliding.

Follow-up on 03/29/10 stated the employee continued to experience pain and swelling of the wrist and hand. The employee underwent soft tissue mobilization, stretching exercises, and had tape applied to decrease swelling.

The request for additional nine sessions of occupational therapy for the left wrist is denied by utilization review on 04/02/10, as the employee already had nine sessions of physical therapy and there was no evidence that continued therapy was needed. A reconsideration review denied physical medicine treatment request for occupational therapy, as there were no exceptional factors requiring further physical therapy.

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

The employee continues to complain of left wrist swelling and tenderness after a blunt trauma type injury. The clinical note submitted for review reveals no significant limitations and function for the left wrist with mild swelling and tenderness only. It appears the employee has had prior physical therapy, and there are no significant findings that would allow for continued therapy at this point in time.

As such, the prior denials for both nine sessions of physical therapy would be upheld at this time.

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

1. **Official Disability Guidelines**, Forearm, Wrist, and Hand Chapter, online version