

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/25/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
4 weeks 12 visits of physical therapy to the left index finger

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

Official Disability Guidelines
Group Denial Notices, 9/23/10, 9/28/10
Injury 10/11/10, 9/20/10, 9/23/10, 9/14/10
D.O. 8/14/10
9/23/10, 9/27/10
Surgical Center, LTD 8/19/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant suffered a crush injury to the finger on xx/xx/xx while trying to clean out a valve. This resulted in an amputation of the left index finger. On 9/14/2010, Dr. wrote for PT to "evaluate and treat." There is not a plan in place for therapy established. The physical examination indicates that the left index finger will flex 60 degrees and extend 0 degrees. It is not clear if this is the MCP joint.

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

The codes requested are not appropriate for the injury stated. The examination is limited. The records do not include a complete physical examination, range of motion and strength of the hand, appropriate goals and a detailed plan for therapy for this patient. After an evaluation, PT visits could be considered for therapy to restore hand function if needed, but at this time there is not sufficient information to approve a request of 12 PT visits. The script

indicates PT should evaluate and treat. The ODG indicates that for amputation of a finger 18 visits of therapy is appropriate if supported by medical documentation. If there is a post-replantation surgery, 36 visits are indicated if supported by medication documentation. In this instance sufficient medical documentation is not provided. In addition, the ODG recommends an initial 6-visit trial of therapy before a full-course of therapy would be recommended. The reviewer finds that medical necessity does not exist at this time for 4 weeks 12 visits of physical therapy to the left index finger.

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)