



Specialty Independent Review Organization
Notice of Independent Review Decision

DATE OF REVIEW: 9/7/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 8 visits (4 weeks) of Occupational Therapy.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 15 years. The reviewer performs this type of service in daily practice.

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)

The reviewer agrees with the previous adverse determination regarding prospective medical necessity of 8 visits (4 weeks) of Occupational Therapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

MD and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: letter – 8/20/10; Denial letter – 7/12/10-8/3/10; Solutions Peer Review Report – 7/8/10 & 7/30/10; – 6/8/10 & 6/30/10, Treatment Encounter Notes & Flow Sheets – 6/8/10-6/30/10; Physician Review Recommendation – 7/2/10; and, MD Clinical Note – 9/22/09-7/15/10.

Records reviewed from, MD: Orthopedics Treatment Encounter Note & Flow Sheet – 7/7/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this individual's hand was injured on xx/xx/xx. There is no description of her injury, but according to a note from her treating physician, M.D., she was treated on multiple occasions for trigger fingers and de Quervain's tenosynovitis.

The first record for review is dated September 22, 2009 from Dr. He reported that the patient was complaining of right thumb and left wrist pain. He injected her right trigger thumb and left wrist first dorsal compartment with steroids and Lidocaine. Apparently, this provided relief and Dr. released the patient to work without restriction on October 1, 2009.

On February 9, 2010, Dr. reported that the patient was complaining of right thumb, right middle finger, left wrist, and left ring finger problems. He recommended a left wrist first compartment release and left ring trigger finger release. This surgery was approved and reportedly performed on February 26, 2010. On March 2, 2010, Dr. reported that the patient was doing well, but had difficulty with full ring finger extension. He recommended gentle stretching exercises. On March 29, 2010, he apparently gave her a prescription for therapy.

On April 26, 2010, Dr. reported that he was seeing the patient for right thumb problems. He recommended an open trigger thumb release. On May 19, 2010, the patient reportedly underwent a right thumb and middle finger trigger release.

On May 27, 2010, Dr. reported that the patient was complaining of discomfort with finger movement and decreased grip strength. He recommended occupational therapy. The records presented for my review included an occupational therapy plan of care initiated on June 8, 2010. Following this, records indicate that she underwent seven occupational therapy sessions, completing her therapy on June 30 when a second request for occupational therapy was provided. The plan of care on June 30 recommended continued therapy twice a week for four weeks to increase range of motion of the right third PIP joint, reduce edema, and increase grip and pinch strength. Grip strength was recorded as 44 pounds per square inch on that date and lateral pinch strength was described as 14.5 pounds per square inch on that date.

On July 15, 2010, Dr. saw the patient for the last time. He reported that she was doing "quite a bit better." He reported that she could make a full fist and had near-full extension of the right middle finger. Her incisions were well healed. He recommended increasing activities as tolerated and working without restriction. He recommended follow-up in two months.

Peer reviews were provided on or about July 8 by, M.D. and on July 30 by, M.D. Both of the peer reviews recommended denial of the requested eight occupational therapy sessions. Both of those peer reviews reference the fact that the injured individual had received sixteen postoperative occupational therapy sessions although it is unclear when those sessions occurred and whether they addressed the left hand, the right hand, or both hands.

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

According to the provided records, on May 19, 2010, she had a right thumb and middle trigger finger release. Following this surgery, she had at least seven occupational therapy sessions. According to the medical record, she had sixteen postoperative occupational therapy sessions in total. The timing of these therapy sessions and areas treated are not clear in the records presented for review.

According to the ODG Guidelines, recommended therapy for post surgical treatment of trigger finger is nine visits over eight weeks. Recommended therapy for post surgical treatment of a radial styloid tenosynovitis is fourteen visits over twelve weeks. Available medical records indicated that the individual had sixteen occupational therapy visits, but the timing of those visits and the areas treated are not described in the medical record.

Dr.'s notes indicate that Ms. did well with regard to her left hand symptoms following the surgery in February, 2010. She continued to have some problems with her right third digit following her right hand surgical procedure performed on May 19, 2010. She had seven postoperative visits and according to Dr.'s note on July 15, was

doing quite a bit better with near-full extension of the right index PIP joint. There is an indication that he recommended increasing activities as tolerated and working without restrictions.

Occupational therapy notes on June 30 indicate that Ms. had 44 pounds of grasp and 14.5 pounds of lateral pinch in the right hand and according to the AMA Guides to the Evaluation of Permanent Impairment, 4th Edition, these fall within acceptable ranges of strength.

The reviewer gathers from reviewing the records that were provided that the seven sessions of therapy were directed toward the right hand, at least this is true according to the plan of care dated June 30. Records appear to indicate that the request for 8 additional therapy sessions is for the right hand. Since she has already had at least seven occupational therapy sessions for the right hand and the ODG Guidelines recommend no more than nine post surgical treatments for trigger finger surgery, eight additional occupational therapy sessions are not warranted and exceed the ODG treatment guidelines.

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)