

Notice of Independent Review Decision

DATE OF REVIEW:

02/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten occupational therapy (OT) (97110, 97140, 97112, 97001) treatments.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Partially Overturned**

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.

The requested ten occupational therapy (OT) (97110, 97140, 97112, 97001) treatments are not medically necessary however an additional eight more therapy visits are medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old male with a cut to the left third finger. The cut did transect the proximal interphalangeal (PIP) joint. The patient required a surgery for tendon repair. Postoperative therapy was provided from 09/2010 onward. The exact number of sessions appears to have been 16 sessions through 11/2010. An evaluation on 01/04/2011 showed tenderness over the digit PIP area with 58 degrees of wrist flexion, 68 degrees of wrist extension, and range of motion (ROM) of the third PIP joint of 10 – 84 degrees. Grip strength was 50 pounds.

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

Per the Official Disability Guidelines "Open wound of finger or hand (ICD9 883): Post-surgical treatment/tendon repair: 24 visits over 16 weeks".

In this case, the injured individual did have an open would that did require a tendon repair. The recommended number of visits is up to 24 visits. The documentation indicates that the injured individual has had 16 sessions thus far. The 01/04/2011 showed continued swelling, loss of ROM, and grip strength weakness which could reasonably be improved with additional therapy. Continuing the therapy for eight more visits will allow the injured individual to have the recommended number of reasonable therapy visits per the Official Disability Guidelines (ODG).



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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES