



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**04/22/2011**

**DATE OF REVIEW: 04/22/2011**

**IRO CASE #:**

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

12 PT visits for left thumb (97110, 97530, and 97140)

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

Texas Sate Licensed Doctor of Chiropractic

**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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 04/04/2011
2. Notice of assignment to URA 02/28/2011 04/04/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 04/01/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 03/31/2011
6. letter 03/23/2011, 03/17/2011, letter from DC 04/05/2011, script 03/14/2011, medicals 03/14/2011, 03/09/2011, 07/22/2010, 06/22/2010, 05/24/2010, 04/26/2010, 01/25/2010, 01/12/2010, 12/16/2009, 12/01/2009
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

Clamant is a male, xxat the time of accident, who was unloading a truck trailer on or about xx/xx/xx, and had a box weighing about 120 pounds fall onto his left thumb, resulting in a closed dislocation of that thumb. The patient was given an injection into the injured joint, and reduction of the dislocation was accomplished. The patient was given a splint and instructed to use it. Later, he was seen by the requesting provider and received some treatment. The treatment rendered by the chiropractic treating doctor did not achieve significant improvement in the patient's status.



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An MRI without contrast was obtained of the left thumb, which showed mild arthritis of the first metacarpophalangeal joint and the suggestion that the ulnar collateral ligament was not intact. The patient was then seen by an orthopedic surgeon who reviewed the MRI on the patient, which showed arthritis of the first metacarpophalangeal joint and suggested the ulnar collateral ligament could not be visualized as intact. That orthopedic surgeon referred the patient to a hand specialist. The hand surgeon, who ultimately operated on the thumb, indicates that the patient received preoperative therapy, a myofascial release and ultrasound, per notes, with very little benefit. The surgeon's pre- and postoperative diagnosis was a left thumb ulnar collateral ligament tear, which was repaired with an acceptable outcome. The hand surgeon sent the patient out to another therapy facility, but the patient did not follow through with his care and returned to work full time, full duty, after surgery. The follow-up report from the surgeon indicates the patient's healing was proceeding well. The surgeon indicated that the patient's postoperative care should include scar massage, desensitization, and vitamin E oil. The patient returned back to the original provider's office complaining of pain and, from the documentation, some reduction in range of motion. There is no documentation reviewed that the patient followed the postoperative recommendations of the surgeon. Review request is for 12 PT visits for left thumb (97110, 97530, and 97140).

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

The Official Disability Guidelines suggest that with regard to the request for 12 one-hour sessions, this is beyond the guidelines recommended for the postoperative therapy period and that the patient should have been transitioned to an active, self-directed physical therapy program per Official Disability Guidelines. Review records indicate the patient had 10 preoperative treatments with very little improvement (the document from the requesting provider of April 5, 2011, states the patient has completed twelve (12) pre-operative therapy visits from 12/28/2009 – 2/1/2010). The online current Official Disability Guidelines for physical therapy guidelines indicate to allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less) plus active, self-directed, home physical therapy. Other guidelines that may apply include assessment after a “6 visit clinical trial.” In review of the records and the Official Disability Guidelines, the requested 12 PT visits for left thumb (97110, 97530, and 97140) are outside the recommendations of the present ODG Guidelines; therefore, the insurer's decision to deny is upheld.

### **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 KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES



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- 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)