US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient physical therapy (PT) three (3) times a week for four (4) weeks to the right wrist to consist of therapeutic exercises and manual therapies not to exceed 4 units per session

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 10/20/11
Utilization review determination dated 10/17/11
Utilization review determination dated 10/20/11
Radiographic report right hand dated 05/30/11
EMG/NCV study dated 08/09/11
Functional capacity evaluation dated 09/22/11
Clinical records 2011
Clinical records 2011
Physical therapy treatment records, 2011
Clinic note dated 06/21/11
Clinical records dated 06/24/11-10/07/11
Occupational therapy treatment records, 2011
Designated doctor evaluation dated 09/22/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who is reported to have sustained an injury to right hand and wrist after a client through a wooden stool at her. She was seen at. Radiographs were performed and there was no evidence of soft tissue or bony abnormality. She was ultimately diagnosed with contusion of the right hand. On 06/08/11 the claimant was seen at. The claimant reported improvement, but continues to have pain in the wrist with occasional radiation. She has been wearing a brace at work as tolerated. On physical examination there is tenderness over the flexor tendons on ulnar side of wrist. Strength is 5/5. Sensation is intact. She was diagnosed with right wrist contusion and wrist strain. She was continued with work restrictions, anti-inflammatory medications. On 06/21/11 saw the claimant. She has been treated with NSAIDs and light duty. Physical therapy was not approved. She now reports pain radiating from her wrist to her shoulders on right side. Physical examination is unremarkable. She is diagnosed with wrist contusion, provided restrictions.

On 06/24/11 saw the claimant. She is noted to have tenderness over the dorsal aspect of hand. She has resolving swelling but no ecchymosis, no Tinel's, no Phalen's, and she is neurologically intact. Radiographs show no evidence of fracture. She was provided Voltaren gel and Mobic and referred for physical therapy. saw the claimant in follow-up on 07/26/11.

She complains of continued pain and numbness in the hand. The numbness seems to be more in the ulnar nerve distribution. She is reported to have a possible Tinel's, carpal tunnel and Guyon's canal. The claimant is recommended to undergo EMG/NCV. This study performed on 08/09/11 is reported as normal without carpal or cubital tunnel on the right forearm. The claimant was subsequently seen in follow-up. She is noted to have tenderness over the volar aspect of the forearm. She is recommended to undergo physical therapy.

On 09/16/11 saw the claimant in follow-up. It is noted that most of the claimant's pain is at volar aspect of wrist. She has improved 50% with Relafen and Flector patches. Her physical examination notes tenderness over the FCU. She is continued in physical therapy.

On 09/22/11 the claimant was seen for designated doctor evaluation. The claimant presents with right hand pain. She is 4'11" and 150 lbs. She is wearing a full arm splint on right wrist, which was removed for examination. She has tenderness diffusely around the right wrist. Range of motion of the right wrist is reduced. Reflexes are 2+ and symmetric. Wrist and hand strength is decreased in the right due to pain in the wrist. Tinel's and Phalen's tests are negative. There is decreased grip strength in right. She was opined to be at clinical maximum medical improvement and received 3% whole person impairment rating. saw the claimant in follow-up on 10/07/11. She was started on her therapy, which was discontinued and in the mean time she had designated doctor evaluation. She is noted to have some tenderness to palpation over the ECU and FCU, good range of motion of wrist, good pulses, good dorsiflexion of wrist, and more pain with palmar flexion of the wrist.

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

The claimant is a 40-year-old female who sustained a contusion to the right hand as a result of work related activity on 05/27/11. The claimant has been treated with oral medications, bracing and has had 6 sessions of physical therapy through Concentra Medical Center and 3 sessions of occupational therapy through El Paso Orthopedic Surgery Group. The claimant was noted to have minimal deficits at 6 physical therapy sessions. She additionally underwent 3 additional occupational therapy sessions. Current evidence based guidelines would have supported up to 9 sessions for diagnosis of contusion. At present time there is no data to suggest that further physical therapy will produce any significant benefit. Designated doctor who placed the claimant at maximum medical improvement with 3% whole person impairment rating has seen the claimant. Based on the clinical information provided, additional physical therapy would not be supported under ODG guidelines.The reviewer finds there is not a medical necessity for Outpatient physical therapy (PT) three (3) times a week for four (4) weeks to the right wrist to consist of therapeutic exercises and manual therapies not to exceed 4 units per session.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)