

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

DME KINESIO TAPE 16 YARDS - 3 UNITS (left hand)

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

M.D., Board Certified Orthopedic Surgeon (Joint)

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 medical necessity exists for each health care service in dispute. The reviewer finds medical necessity has not been established for DME KINESIO TAPE 16 YARDS - 3 UNITS (left hand).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Occupational therapy notes 08/30/12

Prior reviews 10/03/12 and 10/08/12

Letter from Patient 11/23/2012

Article on Kinesio Taping Method no date

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury when the left small finger sustained a crush injury. The claimant was referred for physical therapy following surgical intervention. No operative notes were provided for review. From the provided occupational therapy notes, the claimant attended occupational therapy through 08/30/12. At this visit and physical therapy update, the physical examination findings of the claimant revealed some loss of range of motion in the small left finger. The request for kinesio tape 16 yards three units was not recommended as medically necessary by utilization review on 10/03/12 as there was no documentation as to why the claimant required more than the usual amount of skilled therapy care. The request was again denied by utilization review on 10/08/12 as there was no indication regarding support for kinesio tape during occupational therapy or how kinesio tape would reasonably improve the functional status of the claimant.

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

The claimant has attended occupational therapy for the small left finger following surgical repair. Based on the 08/30/12 occupational therapy note, there is no indication as to the expected benefits from the use of kinesio tape or how kinesio tape would significantly

improve the ability of the claimant to continue with occupational therapy or perform home exercises away from formal therapy. Additional clinical documentation was provided for review to include product literature on Kinesio taping and a letter from the patient. No other clinical information was provided for review to support overturning the previous denials. Given the lack of any updated clinical notes provided for review to address the concerns of the previous denials, the reviewer finds medical necessity would not be established for DME KINESIO TAPE 16 YARDS - 3 UNITS (left hand) and the prior denials are upheld.

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)