Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 25, 2012 AMENDED: JUNE 28, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy on the right wrist, (97110GP, 97032GP, 97140GP, 97530GP) 6 sessions

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.05	97110	GP	Prosp	6					Upheld
727.05	97032	GP	Prosp	6					Upheld
727.05	97140	GP	Prosp	6					Upheld
727.05	97530	GP	Prosp	6					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 56 pages of records received to include but not limited to:

letter 6.8.12; ODG TWC Forearm, wrist and hand Physical/occupational therapy; letter 5.18.12, 5.29.12; Utilization Review 5.15.12, 6.1.12; Title 28, part 1, TDI, Chapter 12, IRO section 12.1-12.6; records 3.19.12-5.15.12, CPT code for physical therapy, DWC 73

Requestor records- a total of 17 pages of records received to include but not limited to: Utilization Review 6.1.12, records 3.19.12-5.14.12; CPT code for physical therapy, DWC 73

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of a follow-up progress note with the injured employee complaining of pain in the right wrist. The diagnosis was a tenosynovitis of the wrist. The physical examination noted a healthy appearing female in no acute distress within normal body habitus. The left wrist was noted to not have any overt pathology on observation, palpation, or range of motion reported. It was noted that the injured employee picked up "mud boards" and felt a pop in the right wrist; plain films did not identify any acute fracture or changes to the normal bony architecture. It was reported that there was a 25% improvement with the currently employed treatment plan. Additional physical therapy was outlined.

The physical therapy notes were reviewed. The next progress note is dated March 19, 2012, and the physical examination is unchanged from the prior assessments.

The adverse determination notice for the requested additional physical therapy noted that the injury was two months prior to the date of this evaluation and wrist strength was reported to be 2/5. With the failure to improve with the physical therapy already completed, there was no clear clinical indication for additional therapy. A reconsideration was performed and there was no clear clinical indication to endorse additional physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines Wrist Chapter, updated March 21, 2012, physical therapy to treat non-surgically addressed de Quervain's tenosynovitis is nine sessions over eight weeks. Clearly that standard has been met. Further, there is to be objectification of some improvement with this treatment protocol. No such improvement is noted. Lastly, the complaints far exceed the physical examination findings and the data presented is not consistent with the diagnosis made. There simply is insufficient clinical data presented to support that additional physical therapy is reasonably required to address the sequela of this particular compensable event.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES