CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: March 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 3xWk x 2Wks Right Wrist 97112 x 2-3 97530 x 2-3 97110 x 2-4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is Board Certified in Occupational Medicine with over 34 years of experience.

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

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:
10/24/11: Follow-Up Evaluation at NOVA with PA-C for MD
10/26/11: Physical Therapy Evaluation at NOVA by Mitchell Guberman, PT
10/26/11: Physical Therapy Daily Note from NOVA
10/27/11: PT/OT Pre-Authorization Request Form from NOVA
11/02/11: Follow-Up Evaluation at NOVA with MD
11/11/11: Physical Therapy Re-Evaluation at NOVA by PT
11/18/11: Follow-Up Evaluation at NOVA with MD
11/16/11: PT/OT Pre-Authorization Request Form from NOVA
11/16/11: Physical Therapy Daily Note from NOVA
11/28/11: Physical Therapy Re-Evaluation at NOVA by PT
12/07/11: Follow-Up Evaluation at NOVA with MD
12/08/11: Physical Therapy Daily Note from NOVA
12/12/11: PT/OT Pre-Authorization Request Form from NOVA
12/15/11: UR performed by MD

01/09/12: Clinic Note by DO
01/10/12: UR performed by MD
01/28/12: Report of Medical Evaluation by Designated Doctor, MD
02/08/12: Report of Medical Evaluation by Treating Doctor, MD
02/20/12: Letter by DO

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who started feeling numbness in her hand on xx/xx/xx, which got worse on xx/xx/xx. She had a MRI of the right hand and wrist on March 8, 2010 which showed dorsal tilting of the lunate consistent with dorsal intercalated scapulolunate instability, tendonitis of the extensor carpi ulnaris tendon noted at the level of the distal ulna. She underwent injections and on 9/30/11 underwent surgery.

On October 24, 2011, the claimant was evaluated by PA-C for MD who noted that the claimant had been seen by Dr. on 10/17/11 who ordered 4 weeks of therapy. It was reported that overall her symptoms had decreased, her pain had decreased. She was reporting a pain level of 8/10. Numbness and tingling had increased in her fingers. Diagnosis: Right Tenosynovitis of the wrist/hand and Carpal Tunnel Syndrome. It was recommended she undergo a physical therapy evaluation and she was prescribed Ultracet 37/5/325 mg.

On October 28, 2011, the claimant underwent a physical therapy evaluation. It was noted in the report that she had previous wrist surgery on October 2007 and the revision was in September 2011. Therapy was recommended three times a week for 2 weeks.

On November 2, 2011, the claimant was evaluated by MD who found on physical examination, ROM of the wrist was the same. Tenderness to palpation extensor tendons decreased. Extensor polis longus and brevis decreased. Muscle testing grip strength remained weak. Extension strength remained weak. It was recommended she continue post-op PT.

On November 18, 2011, the claimant was evaluated by MD who reported the claimant still had pain in her wrist especially after therapy, level 8/10. No change of PE. Recommendation was to continue PT and Ultracet.

On November 28, 2011, the claimant had a Physical Therapy Re-Evaluation in which it was noted that she had been issued, educated, and trained on self-care and a home exercise program to aid in clinical progression and achievement of functional goals along with the therapeutic interventions. Impairments remaining were listed as: pain, decreased ROM, decreased functional strength in wrist/fingers. Functional deficits remaining were listed as: gripping, grasping, pushing, pulling, carrying, and lifting. Recommended continued PT.

On December 7, 2011, the claimant was evaluated by MD who noted overall her symptoms were decreased, pain was decreased. She reported her pain level was a 3. Numbness and tingling had remained the same on the ring and small fingers. Grip

strength increased. Swelling had resolved. On physical exam her ROM had increased, tenderness decreased and strength increased. Continuation of physical therapy was recommended.

On December 15, 2011, MD performed a UR on the claimant. Rationale for Denial: As per medical report dated 12/7/11, the patient reports that her hand is getting better. On physical examination, range of motion is increased. Tenderness has decreased. Grip strength has increased. As per UR nurse's clinical summary, the patient underwent a right carpal tunnel surgery on 9/30/11. The patient has completed 13 postoperative physical therapy sessions. This request is for an additional six sessions. The request number of visits already exceeds the recommendations set forth by the guidelines. With more than substantial number of therapy visits provided, the patient should have been fully progressed into an independent exercise program at this time. There is no indication that the patient's remaining deficits could not be addressed by a home exercise program. Compliance with home exercises must be reviewed. The medical necessity of the requested service has not been substantiated.

On January 9, 2012, the claimant was evaluated by DO who reported she returned status post right endoscopic tunnel release with the AM system, exploration of wrist with adhesiolysis of adhesions, abductor pollicis longus and extensor pollicis brevis tenovaginotomies, tendon sheath releases, tenosynovectomies/tenolysis, brachioradialis tenolysis, radial sensory nerve release, adhesiolysis of adhesions over second incision site with radial sensory nerve neurolysis and brachioradialis tenolysis. It was reported that she was doing okay, except she still had some pain in her right wrist. On examination, she had some tenderness to palpation over the site of the incisions. It was noted that was just some scar tissue that was below that was down deep and she was not breaking it down enough at home. Dr. gave her an injection of 1:3 into the area of the 1st dorsal compartment around the subcutaneous tissue. 15 minutes later she had no symptoms of pain. He recommended continuing physical therapy.

On January 10, 2012, MD performed a UR on the claimant. Rationale for Denial: Based on the referenced guidelines, the number of requested visits on top of the previously completed therapy sessions is deemed in excess of the recommendation. With the number of PT visits attended, it is reasonable to expect that the patient should have fully progressed into a home exercise program at this time. There was no submitted documentation which indicates that the remaining goals for treatment cannot be sufficiently addressed by home exercise. There were likewise no submitted documentations of any exceptional factors that substantiate extension of the patient's PT. In addition, the operative report that details the extent of the surgical procedure done on this patient was not provided for review. Thus, the medical necessity of the above request is not established at this point.

On January 28, 2012, the claimant was evaluated by MD, a designated doctor. Dr. opined the claimant had reached maximal medical improvement as of January 6, 2012 with a 0% whole person impairment.

On February 8, 2012, the claimant was evaluated by MD, her treating doctor. Dr. opined the claimant had reached maximal medical improvement as of February 8, 2012 with no permanent impairment as a result of the compensable injury. In his report it was indicated no physical therapy was recommended at that time and she was released back to full duty.

On February 20, 2012, Dr. wrote a letter indicating the request for additional therapy was to address the fact the claimant still had adhesions in the 1st dorsal compartment and had some radial sensory nerve irritation there due to the adhesions. Dr. was recommending more aggressive scar tissue breakdown performed in that area to help her resolve her residual pain and residual adhesions present in the 1st dorsal compartment of the wrist.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld. The claimant's DOI is 2/17/10 and her date of surgery is on 9/30/11 after which she received 13 postsurgical therapy sessions and responded well according to the notes. Furthermore clinical notes dated 2/28/12 state that her exam is normal and she has reached MMI in Jan 2012 and has been released from care on no medications with a 0% IR.

This claimant has received more than the recommended amount of supervised therapy per the evidenced based guidelines noted below. That is not to say that more therapy would not benefit her for strengthening, however it need not be supervised therapy. Independent home exercises are endorsed by the ODG and should be the focus of the claimant's remaining exercise program. However, additional supervised therapy is not medically necessary. For this reason I am not endorsing this request for Physical Therapy 3xWk x 2Wks Right Wrist 97112 x 2-3 97530 x 2-3 97110 x 2-4.

ODG:

Carpal Tunnel Syndrome
Physical medicine treatment
Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis,

phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. See also more specific physical therapy modalities.

ODG Physical Medicine Guidelines –
Allow for fading of treatment frequency, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.
Carpal tunnel syndrome (ICD9 354.0):
Medical treatment: 1-3 visits over 3-5 weeks
Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks
Post-surgical treatment (open): 3-8 visits over 3-5 weeks

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 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)**