

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** May 14, 2012

**IRO CASE #:**

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

Additional Physical Therapy 3 x Wk x 3 Wks – Left Hand 97110, 97140

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

This physician is Board Certified Orthopedic Surgeon with over 40 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:**

08/07/11: Emergency Physician Record from Hospital  
08/15/11: Emergency Physician Record from Hospital  
08/15/11: Office Visit by PA-C with CMC –  
08/16/11: Consultation by MD with Orthopedics, PLLC  
08/18/11: Operative Procedure Report by, MD  
08/23/11: Postoperative Office Visit by MD  
08/31/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/01/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC

09/02/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/06/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/07/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/09/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/13/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/14/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/16/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/19/11: Progress Note by PA with CMC –  
09/20/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/20/11: Followup Office Visit by MD  
09/21/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/23/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/23/11: Followup Office Visit by MD  
09/27/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/28/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
09/30/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/04/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/07/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/11/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/12/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/14/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/19/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/21/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC  
10/25/11: Followup Office Visit by MD  
10/26/11: Office Visit/Physical and Hand Therapy Department at Orthopedics, PLLC

11/01/11: Maximum Medical Improvement/Impairment Rating Examination by CEDIR

04/05/12: Followup Office Visit by, MD

04/12/12: UR performed by MD

04/19/12: UR performed by MD

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx when he sustained a work-related laceration to his left wrist/hand while washing a truck.

08/07/11: Emergency Physician Record from Hospital. Hand-written note indicates claimant presented to the emergency room with an injury to the left hand. He was noted to have moderate pain. On physical exam, he was found to have tenderness and swelling to the posterior left hand between the 1<sup>st</sup> and 2<sup>nd</sup> metacarpals. Four staples were applied to the left hand laceration. He was discharged the same day.

08/15/11: Emergency Physician Record from Hospital. The claimant was evaluated in the emergency room for pain with movement and left thumb swelling. On physical exam it was noted that he was in no acute distress. He was noted to have decreased abduction of the left thumb. He had a healing wound to the left hand. Staples were removed. He was discharged the same day.

08/15/11: The claimant was evaluated by PA-C. It was noted that the claimant felt his pattern of symptoms were improving and he felt better than at the last office visit. He presented in a splint. He did not have any pain. On physical examination, the wound was healing well with no drainage, warmth, redness, or evidence of wound infection. Mild swelling was noted. He had no thumb extension. Flexion was within normal limits. The plan was to refer the claimant to a hand specialist as soon as possible.

08/16/11: The claimant was evaluated by MD who noted that the claimant presented with complaint of throbbing left wrist/hand pain. On physical examination, he had a healing oblique sutured laceration to the radial aspect of the hand/wrist (2") with tenderness. No atrophy of the thenar and hypothenar muscles. Swelling was noted. He was unable to extend the left thumb – consistent with complete laceration to the extensor pollicis longus tendon. +2 radial and ulnar pulses with brisk capillary refill all digits. Sensation was diminished to light touch distal to the laceration consistent with radial sensory nerve laceration. He had limited wrist ROM due to pain. Left wrist x-rays were reviewed, and no fracture, dislocation, degenerative joint disease, or foreign body was noted. A left thumb/hand/wrist/distal forearm rigid removable orthosis was applied and adjusted. ASSESSMENT: "In my opinion, patient's history and physical examination and imaging findings are consistent with work-related left extensor pollicis longus tendon and radial sensory nerve laceration. In my opinion, the patient will benefit from surgical repair of left extensor pollicis longus tendon and radial sensory nerve lacerations (CPTs: 26410, 64834)."

08/18/11: Operative Report by MD. Postoperative diagnosis: 1. Left hand/wrist extensor pollicis longus tendon laceration. 2. Left hand/wrist radial sensory nerve laceration. Procedures: 1. Left hand extensor pollicis longus tendon laceration repair. 2. Left hand radial sensory nerve laceration repair.

08/23/11: The claimant was evaluated by MD. On physical examination, the left wrist surgical incision was clean, dry, intact, and healing. Mild wrist/hand swelling was noted with no drainage or redness. He had thumb/wrist stiffness. A sterile dressing was applied as well as thumb SPIKA brace. Dr. Sless ordered left hand/wrist therapy 3 times per week for 4 weeks (97110 times 4, and 97140 times 1 – combination 5 units per session). The claimant was to follow up in one week for suture removal.

08/31/11: The claimant was evaluated by therapist who performed manual therapy. It was noted that the claimant stated pain increased up to 10/10 with impact of the left hand. He complained of a burning sensation to the left wrist. Tolerance and endurance were poor. He was noted to have right hand grip strength of 98 lbs and left hand grip strength of 13 lbs. Pinch strength was 29 lbs with the right hand and 19 lbs with the left hand. Procedure Code: 1. Therapeutic Exercises (97110). 2. Manual Therapy (97140). 1/12 visit.

09/01/11 – 09/14/11: The claimant was evaluated by therapist who performed manual therapy. During these sessions, the claimant had complaints of sharp pain to the left wrist with numbness to the left thumb and index finger. Movement to the left thumb also provoked stiffness. During this time, he also noted poor sleep due to pain. The therapist noted he mostly tolerated fair with given tasks during these therapy sessions.

09/16/11: The claimant was evaluated by therapist who performed manual therapy. The claimant complained of sharp pain to the left wrist with numbness to the left thumb and index finger. He stated that bending the thumb still provoked sharp pain. It was noted that he slept better the night before. The therapist noted that body mechanics showed some progress with tasks.

09/19/11: The claimant was evaluated by PA who noted that the claimant stated he still could not move his right thumb fully, had some numbness in the right thumb and 2<sup>nd</sup> finger, and had tenderness to the top of the hand which caused radiating pain into the right elbow. PLAN: Continue physical therapy as directed. Follow up with Dr.. Return to clinic in one month.

09/20/11: The claimant was evaluated by therapist who performed manual therapy. The claimant stated that there had been no change in his symptoms to the left wrist/hand. The therapist noted swelling persisted to the left hand, ADLs still altered with pain, and difficult gripping still caused pain to the left hand. The therapist noted that he functioned well with tasks. Left hand grip strength: Before = 13 lbs, today = 64 lbs. Left hand pinch strength: Before = 19 lbs, today = 20

lbs. Left hand ROM: Before: Flexion = 45, extension = 45, UD = 19, RD = 14. Today: Flexion = 75, extension = 47, UD = 23, RD = 17. PLAN: Patient will benefit from 3x4 additional physical therapy to increase ROM, tolerance, endurance, and strength.

09/20/12: The claimant was evaluated by MD who noted that the claimant reported improvement with therapy but still complained of left hand/thumb stiffness and limited function. On physical examination, the left wrist/hand surgical incision was clean, dry, intact, and healed. There was no swelling, draining, or redness. Thumb/hand/wrist stiffness was improving. He was still unable to grasp large objects due to limited thumb extension. Sterile dressing was applied. ASSESSMENT/PLAN: Improving. Will benefit from left hand/wrist therapy to improve function/ROM.

09/23/11: The claimant was evaluated by MD who noted that the claimant reported improvement with therapy but still complained of left hand/thumb stiffness and limited function. On physical examination, the left wrist/hand surgical incision was clean, dry, intact, and healed. There was no wrist/hand swelling, drainage, or redness. Thumb/hand/wrist stiffness was noted. He was still unable to grasp large objects due to limited thumb extension. ASSESSMENT/PLAN: Slowly improving. May return to modified duty at work. Will benefit from left hand/wrist therapy to improve function.

09/27/11 – 10/26/11: The claimant was evaluated by therapist who performed manual therapy. On 9/27/11, the claimant complained of cramping to the left palm and stated had had numbness to the left thumb and left index finger which was persistent. His left hand grip strength was 69 lbs and left hand pinch strength was 21 lbs. Therapy notes documented no change from 9/27/11 to 9/30/11. On 10/4/11, the claimant complained of tingling pain to the tip of the left thumb. He stated that when opening the left hand wide, it provoked sharp pain to the left wrist. On 10/14/11, the claimant complained of stiffness when opening the left hand. He stated that his grip was better with less pain and only gripping for long periods provoked pain to the left hand. The claimant had no change in symptoms for the remainder of visits up to 10/25/11. On 10/25/11, the claimant stated that opening the left hand still provoked radiating pain up to the left forearm. He stated that he was tender to touch to the top of the left hand and that he was unable to fully extend the left thumb due to pain. The therapist noted that he functioned well with tasks. Left hand grip strength = 61 lbs, left hand pinch strength = 20 lbs.

10/25/11: The claimant was evaluated by MD who noted that the claimant reported improving function with therapy. On physical examination, he had thumb/hand/wrist stiffness. He was able to grasp large objects. There was brisk capillary refill at all digits. ASSESSMENT/PLAN: Improving. I anticipate MMI in 1-2 weeks.

11/01/11: Dr. stated that the claimant was able to return to work light duty at the current time and should be able to return full duty in one month. Impairment rating was 2% WP.

04/05/12: The claimant was evaluated by, MD who noted that the claimant reported recently increased left hand stiffness and swelling. On physical examination, he was noted to have thumb/hand/wrist stiffness with some scar tenderness. ASSESSMENT/PLAN: Increased left hand stiffness swelling – late effects of tendon injury – will start therapy to improve function.

04/12/12: UR performed by MD. Rationale for Determination: The patient incurred an injury on xx/xx/xx. He sustained a laceration on his left hand and underwent left extensor pollicis longus tendon and sensory nerve laceration repair on 08/18/2011. As per nurse's clinical summary, the patient has had 24 physical therapy visits. As per medical report dated 04/05/2012, the patient reports recently increased left hand stiffness and swelling. The physical examination noted on the same report showed healed surgical incision with some tenderness, no wrist or hand swelling, no drainage or abscess, and note of stiffness of the thumb, hand and wrist. The request is for additional nine visits. There are no physical therapy progress reports provided to objectively document the patient's response to treatment. The number of requested visits on top of the previous is already in excess of the recommendation. With more than substantial number of therapy visits provided, the patient should have been fully progressed into an independent exercise program at this time. Compliance with home exercises must be reviewed. The treatment modalities and goals for the proposed regimen are also unspecified. In the absence of exceptional indications, the medical necessity of the requested service has not been substantiated. Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for additional physical therapy of three times a week for three weeks for the left hand is non certified.

04/19/12: UR performed by MD. Rationale for Determination: The medical report dated 4/5/12 indicates that the patient has increased left hand stiffness and swelling. On physical examination of the left hand, there is a healed surgical incision with some tenderness, no wrist or hand swelling, and no drainage or abscess. There is note of stiffness of the left thumb, hand, and wrist. As per nurse's clinical summary, the patient has had 24 physical therapy visits. This is a request for an appeal for additional physical therapy of three times a week for three weeks to the left hand. However, the number of visits requested plus the previously rendered therapy visits exceed the recommendations set 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. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Moreover, the specific short-term and long-term goals for the requested therapy that will delineate the end

point of care were not provided by the treating physician. In the absence of exceptional indications, the previous non-certification of the requested service is upheld.

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

The previous adverse decisions are upheld. After reviewing his records, I agree with Dr. report dated 4/19/12. The claimant has had more than an adequate amount of physical therapy for the type of injury that he sustained. Any further physical therapy would not likely improve his pain or function. I think a home exercise program would do as much (if not more) good as nine more physical therapy treatments and would give gradual improvement in his function without more formal physical therapy. Furthermore, the claimant has already undergone 24 physical therapy visits; therefore, the requested additional 9 sessions would exceed ODG guidelines. Therefore, the request for additional physical therapy three times per week times three weeks to the left hand is non-certified.

ODG:

Physical/ Occupational therapy	<p>Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery and amputation. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (<a href="#">Handoll-Cochrane, 2003</a>) (<a href="#">Handoll2-Cochrane, 2003</a>) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon. (<a href="#">Handoll-Cochrane, 2002</a>) (<a href="#">Handoll-Cochrane, 2006</a>) Hand function significantly improved in patients with rheumatoid arthritis after completion of a course of occupational therapy (p&lt;0.05). (<a href="#">Rapoliene, 2006</a>) <i>Active Treatment versus Passive Modalities:</i> See the <a href="#">Low Back Chapter</a> for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).</p> <p><b>Open wound of finger or hand (ICD9 883):</b> 9 visits over 8 weeks. See also <a href="#">Early mobilization</a> (for tendon injuries). Post-surgical treatment/tendon repair: 24 visits over 16 weeks</p>
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**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)**