

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/11/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OT 2x2 Bilat Hands 97110

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. It is the opinion of the reviewer that medical necessity has not been established for the requested OT 2x2 Bilat Hands 97110.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/06/12, 08/17/12
Progress note dated 02/23/12, 03/01/12, 03/22/12, 04/05/12, 05/10/12, 05/29/12, 06/20/12, 06/29/12, 07/26/12, 04/23/12, 05/02/12, 05/07/12, 05/09/12, 05/11/12, 05/14/12, 05/16/12, 05/18/12, 05/21/12, 05/23/12, 06/25/12
Procedure note dated 04/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Note dated 02/23/12 indicates that the patient works making saddles and has had a lot of thumb pain due to repetitive work. Diagnosis is trigger finger (acquired). Note dated 03/01/12 indicates that cortisone injection to the right thumb did help some with her symptomatology, but only for a few days. The patient was recommended to start physical therapy. Note dated 03/22/12 states that she has been attending physical therapy and has had conservative treatment of anti-inflammatories and flexor tendon sheath injections. The patient underwent bilateral trigger thumb A-1 pulley releases on 04/11/12. Follow up note dated 05/29/12 indicates that the patient states that postoperative therapy initially seemed like it was working, but now seems like it is just exacerbating the situation and her pain is coming back. Hand therapy progress report dated 06/25/12 states that the patient has been seen for occupational therapy 3 times per week for 4 weeks. The most recent follow up note dated 07/26/12 she states she is having less discomfort to both the left as well as the right thumbs. The patient states that she just recently started her physical therapy. On physical examination she has full range of motion of the left thumb. She is slightly tender with palpation. No locking or popping sensation upon

examination. The patient's right thumb has no more hypersensitivity. She has minimal decreased sensation to palpation of incisional site at the present time involving the FPL tendons. She has improved her range of motion to the right thumb, but continues to have some discomfort.

Initial request for OT 2 x 2 was non-certified on 07/06/12 noting that the patient has completed 12 sessions of postoperative occupational therapy as of the 06/25/12 hand therapy progress report. The Official Disability Guidelines recommend 9 sessions over 8 weeks for post-surgical treatment of trigger finger. The request for additional therapy exceeds guideline recommendations. The patient is noted to have improved thumb range of motion but impaired strength due to pain when attempting to pinch or grip. There is no documentation of attempts for injections to the A1 pulleys. The patient has been instructed in a home exercise program and should be able to continue to progress utilizing the home exercise program. The denial was upheld on appeal dated 08/17/12 noting that there was no additional significant documentation submitted for review with the latest medical report on 06/20/12, which showed persistent bilateral thumb pain. There is no documentation of a recent post-physical therapy clinical evaluation from the treating physician that addresses the proposed additional therapy sessions. The requested visits already exceed the recommendations indicated in the guidelines. There are specific numbers of treatment frequency that must be completed as in this particular case, which is set at nine visits over eight weeks. The patient should be benefiting from a fading treatment frequency as well as active home exercise program as patient is moving into a positive direction. If indeed the patient is not yet fully improved, factors of prolonged or delayed recovery should be identified and addressed rather than pursuing continued therapy that provides no complete benefit.

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

The patient underwent bilateral trigger thumb A-1 pulley releases on 04/11/12 and has completed 12 postoperative occupational therapy visits to date. The Official Disability Guidelines support up to 9 visits of occupational therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. It is the opinion of the reviewer that medical necessity has not been established for the requested OT 2x2 Bilat Hands 97110.

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)