

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

11/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Appeal
Additional PT 3xwk x 8wks for Left Wrist-97110 97530 97039 97140 29125

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

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical notes dated 08/01/13 & 08/07/13
Operative note dated 08/09/13
Discharge summary dated 08/09/13
Progress notes dated 08/13/13, 09/03/13, 09/27/13, 10/02/13, 10/04/13, 10/07/13, 10/09/13, 10/11/13, & 10/14/13
Adverse determinations dated 10/04/13 & 10/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her left wrist. The clinical note dated 08/01/13 indicates the patient having an inability to flex the left wrist, the index finger, or the thumb. Sensation deficits were noted at the 3 left radial digits. The patient was unable to oppose the thumb. The patient presented to the emergency room where the left wrist was splinted. Upon exam, the patient was able

to demonstrate full range of motion at the upper extremities. However, the patient was noted to have an inability to flex the PIP and DIP joints of the left index finger. Sensation deficits continued at the radial 3 digits. The operative note dated 08/09/13 indicates the patient undergoing a procedure regarding the left wrist laceration. Exam of the laceration revealed an extension of the laceration proximally to the Bruner type fashion as well as distally to the wrist crease. The digital flexor tendons were noted to have been lacerated as well as the wrist flexors to include the FCU and the FCR tendons. The wound was then irrigated and the incision was closed with sutures. The radial artery and the ulnar neurovascular bundle were noted to be intact. The discharge summary dated 08/09/13 indicates the patient having been splinted and the wound dressed. The patient was instructed to initiate occupational therapy. The progress note dated 08/13/13 indicates the patient undergoing occupational therapy. The patient was instructed to undergo a repeat evaluation in 2 weeks. The progress note dated 09/03/13 indicates the patient presenting for a follow up regarding the left wrist wound. No significant findings were noted. The progress note dated 09/27/13 indicates the patient utilizing Tylenol for ongoing pain relief. The patient was noted to show improvement at the laceration site. The progress note dated 10/09/13 indicates the patient undergoing both formal therapy and home exercises. The patient rated her pain at that time as 1-2/10. The note does mention the patient being highly motivated while in rehab. The patient was noted to be tolerating increased extension at the fingers. The note indicates the patient having completed 19 occupational therapy sessions to date. The progress note dated 10/11/13 indicates the patient continuing with good progress in terms of extension and flexion of the fingers. The progress note dated 10/14/13 indicates the patient able to perform thumb opposition.

The utilization review dated 10/04/13 resulted in a denial for additional physical therapy as the patient is noted to have completed a full course of physical therapy including 24 sessions to date. Additionally, ongoing deficits were not delineated at that time.

The utilization review dated 10/16/13 resulted in a denial for additional physical therapy as the request exceeds guideline recommendations and no exceptional factors were noted in the documentation.

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

The documentation submitted for review elaborates the patient having undergone an operative procedure to address a volar region left wrist laceration. The therapy notes indicate the patient having completed a full course of 19 occupational therapy visits. A total of 24 therapy sessions are recommended following an operative procedure of this nature. The request for an additional 24 physical therapy visits for the left wrist exceeds guideline recommendations as no exceptional factors were noted in the documentation. As such, it is the opinion of this reviewer that additional physical therapy 3 x a week x 8 weeks for the left wrist is not recommended.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Physical/ Occupational therapy

ODG Physical/Occupational Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Open wound of finger or hand (ICD9 883):

9 visits over 8 weeks. See also Early mobilization (for tendon injuries).

Post-surgical treatment/tendon repair: 24 visits over 16 weeks