

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0514
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Provant Therapy System BID X 60 Days

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

10-Day trial medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Occupational therapy reports dated 04/03/13 – 07/23/13
Functional capacity evaluation dated 05/23/13
Radiographs of the left hand, 3 views dated 12/26/12
Radiographs of the left hand, 3 views dated 01/02/13
Clinical reports dated 01/17/13 – 07/18/13
Operative report dated 01/25/13
Clinical report dated 03/06/13
Operative report dated 03/25/13
Clinical report dated 07/24/13
Appeal letters dated 08/19/13 & 08/27/13
Prior reviews dated 08/07/13 & 08/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient underwent exploration of the left ring finger with tenovagotomy of the flexor sheath and decompression with tenosynovectomy at the ring finger on 01/25/13. The patient then had exploration of the left hand with excision of the palmar fascia with tenolysis and neurolysis performed on 03/25/13. The patient did attend an extensive amount of postoperative occupational therapy for a total of 37 sessions through 07/23/13. Per the occupational therapy reevaluation on 07/23/13, the patient had improvement in grip strength up to 12 lbs. with the left hand. There were suspicions regarding the development of chronic regional pain syndrome. There continued to be loss of range of motion in the index, long, ring, and small fingers at the proximal

interphalangeal joints. There was still loss of range of motion in the left wrist as compared to the right and grip strength was substantially reduced at 12 lbs. versus 80 lbs. to the right. The patient was seen on 07/24/13. The patient continued to report pain in the left hand that had not significantly improved with recent injections at the proximal interphalangeal joints in the 4th finger. The patient was tapering off Prednisone. There was no prior history of use of Cymbalta or Gabapentin. Physical examination demonstrated mild atrophy in the left wrist with surgical scars present. No edema or ecchymosis was present. There was mild weakness present on abduction and adduction of the fingers, most significant at the flexor digitorum profundus. A positive media nerve compression test was noted. There were suspicions regarding components of CRPS and the patient was started on Gabapentin as well as Mobic. The patient was recommended for the Provant therapy system which was a pulse radiofrequency therapy to generate electromagnetic fields reducing a release of endogenous opioids and genes secondary to inflammation.

The request for a Provant therapy system twice daily for 60 days was denied by utilization review on 08/07/13. Per the report, the patient was felt to have not have improved significantly with therapy to warrant additional physical therapy.

The request was again denied by utilization review on 08/27/13 as there was no indication that additional therapy would provide any significant relief for postoperative pain.

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

The patient has been followed for ongoing complaints of pain in the left hand with some suspected components of CRPS. The patient has exhausted an extensive amount of occupational therapy which has been unsuccessful in improving the patient's range of motion of the left fingers as well as grip strength. Per current evidence based guidelines, electromagnetic therapy is under study and its benefits in regards to postoperative improvement have not been fully established. However, given that the patient does not have clear objective findings for CRPS that would allow for further delineation of care and as the patient continues to have a significant amount of postoperative pain that has been refractory to occupational therapy treatments to date, this reviewer would recommend a modification of the request for 10 sessions of the Provant therapy system used twice daily. It after a 10-day program the patient experiences relief of symptoms or functional improvement, there may be support for further sessions. A 60-day period of therapy twice daily would be considered excessive without evidence of efficacy of this modality that is still currently under study per guidelines. As such, it is this reviewer's opinion that the request be modified as medically necessary to 10 sessions of the Provant therapy system used twice daily.

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