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Notice of Independent Review Decision

Date notice sent to all parties: 4/8/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cont Physical Therapy 3 X Wk X 4 Wks Right Wrist-97110, 97140, 97026, 97035

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

Texas Licensed Physician, Board Certified in Occupational Medicine

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 2/6/13 and 3/6/13 Denial letters
2. 2/8/13 Physical Therapy appeal letter
3. 1/25/13 notes
4. 12/20/12, 1/25/13 notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a woman employed as xx reports work injury on xx/xx/xx. The patient reported that she was placing a piece of xx in an xx when the xx fell onto her right wrist. She was subsequently diagnosed with right wrist contusion.

The patient was evaluated and noted to have pain at the right thumb thenar eminence and base of the first metacarpal. Pain was worse with gripping and grasping activities. An x-ray was obtained which excluded fracture or significant bony pathology.

The notes reflect that the patient has been prescribed over-the-counter Advil medication. Specific dosing and duration of the Advil is not noted.

Patient was seen in physical therapy on 01/25/2013. This represents the 13th visit with date of original physical therapy evaluation on 12/20/2012.

The patient was complaining of pain at the base of her thumb which her with any activity. She had difficulty with gripping fine motor skills and repetition. Physical examination showed normal range of motion but some decreased pinch grip in the right compared to left. Seven PSI versus 9 PSI respectively. There is no apparent distress no visible edema or swelling noted. The patient was noted to have some weakness persisting. Pain appeared to be the limiting factor. Additional physical therapy one to two times a week for 4 weeks was recommended.

Medical records contain an office visit note by orthopedist dated 01/25/2013. notes that the patient was still having pain. He noted that physical therapy had been helping and the patient was requesting an injection. Physical examination at this time demonstrated a positive Finkelstein test with tenderness at the base of the right thumb. The patient reportedly had normal range of motion and strength with no functional deficits of the right hand and wrist at the time. The patient had been diagnosed with right wrist DeQuervain's tenosynovitis. In addition, the patient received a steroid injection on 01/25/2013. Follow-up in 2-3 weeks was recommended. Continued light duty work was recommended.

The medical records contain an appeal request dated 02/08/2013 from physical therapist from Physical Therapy. She notes that the claimant had received 15 sessions of physical therapy by 02/08/2013. She notes that her physician had prescribed additional sessions. They felt that these were medically necessary to help her recover her strength so that she could return to work and be functionally able to perform all her necessary job requirements. She included a progress note from physical therapy dated 01/25/2013.

Ms. notes that there were strength deficits with pinch strength reduced in the right dominant hand. The claimant also had significant pain during the initial 14 sessions of physical therapy that prevented them from progressing her two more strengthening exercises. In addition, she notes at the claimant had also received a steroid injection in 01/25/2013. The injection did help her significantly reduce her pain. Ms. notes that would be more appropriate to continue physical therapy at the time and progressive strengthening as it should be more tolerable now. She indicates that the patient works as a flight attendant and must be able to remove the emergency exit door from the aircraft. Currently, his indicates she may not be strong enough to do this. Instead, Ms. indicates that the patient needs more therapy to fully perform her job duties before returning to full duty.

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

Based on a review of the medical information submitted, the patient is a woman employed as a xx who suffered right wrist contusion on xx/xx/xx with out of work date 11/03/2012. She later was diagnosed with right wrist DeQuervain's tenosynovitis in 01/25/2013. By that time she had already received a total of 13 physical therapy visits.

ODG guidelines address hand/wrist soft tissue injuries. In this case, there is no evidence of any wrist fracture or dislocation. The patient had what appeared to be a soft tissue wrist contusion which would be expected to resolve over several weeks. The patient reportedly had been prescribed over-the-counter Advil in addition to a course of physical 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 <../preface.htm>.
Synovitis and tenosynovitis (ICD9 727.0):
Medical treatment: 9 visits over 8 weeks
Sprains and strains of wrist and hand (ICD9 842):
9 visits over 8 weeks
Sprains and strains of elbow and forearm (ICD9 841):
Medical treatment: 9 visits over 8 weeks

In this case, the patient had received 13 physical therapy visits by 01/25/2013. The patient had persistent symptomatology and was provided a steroid injection on 01/25/2013.

By this time, the patient should have been able to transition to a self supervised

home exercise program.

Given that a steroid injection was performed on 01/25/2013 to the right thumb/ wrist, it would have been reasonable to wait 3 days to 2 weeks post injection to see what type of response would have been achieved. There is no indication that the patient had been treated with a different anti-inflammatory medication or required additional analgesics.

In addition, the patient had what appeared to be pain at the right thumb base which can be consistent with underlying CMC arthralgia or CMC arthropathy. This is not addressed in any of the notes.

Given the information presented, the denial of physical therapy 3 times a week for 4 weeks 97110, 97140, 97026, 97035 is upheld.

The appeal letter indicates additional information which is not addressed in medical records reviewed. She notes that the patient has specific job requirements as a xx which have not been addressed in physical therapy. There is no formal job description available for review or which accompanies the appeal letter however. In addition, there is also no specific request for job simulation or work conditioning by the attending physician. There is no other information which addresses that the purpose or goals for additional physical therapy as relates to return to work issues. Instead, the request has been physical therapy 3 times a week for 4 weeks. The patient has already received 13 physical therapy sessions and should be able to perform a self supervised home exercise program. There is no information which addresses specific skills or abilities that can only be provided within physical therapy.

As noted in the ODG guidelines, patient should be transitioned from physical therapy/occupational therapy with fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Similar gains should be achievable with a self supervised home exercise program given the number of sessions of skilled physical therapy attended by claimant. The listed CPT codes include passive modalities which are typically not used in a return to work program.

There is no more recent orthopedic surgery evaluation or hand surgery evaluation available for review. There is no information that the patient has been seen or evaluated by an occupational therapist or certified hand therapist. There is no information about splinting or new pain medications.

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
- X 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
- X 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)