

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

06/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: PT 3x4- right wrist/hand (right ring and little finger) 97110 97140

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:

05/29/2012, X-ray report, left elbow.

05/29/2012, X-ray report, right hand.

05/29/2012, X-ray report, right wrist.

12/07/2012, MRI upper extremity.

10/17/2012, Electrodiagnostic study.

01/29/2013, Preoperative chest x-ray.

02/25/2013, Operative report.

03/13/2013, Progress note.

03/21/2013, Initial physical therapy evaluation.

04/15/2013, Physical therapy re-evaluation.

04/15/2013, Physical therapy plan of care.

04/17/2013, Progress note.

05/02/2013, Physical therapy progress note.

05/22/2013, Progress note.

05/22/2013, Prescription for physical therapy, 3 times a week for stretching exercises to the right ring finger PIP and DIP joints.

06/05/2013, Letter to whom it may concern.

04/30/2013, Utilization preauthorization determinations,.

05/03/013, Utilization preauthorization determinations,.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male. On xx/xx/xx , x-rays of the left elbow revealed degenerative joint disease with a joint effusion. X-rays of the right hand revealed a proximal 1st metacarpophalangeal joint degenerative joint disease. X-rays of the right wrist were thought to be unremarkable. All exams were read. On 10/17/2012, electrodiagnostic studies were performed showing no evidence of cervical radiculopathy but evidence of mild to moderate focal sensorimotor axonal/demyelinating neuropathy affecting the median nerve across the left wrist. There was also evidence of mild to moderate chronic denervation patterns as well as some re-innervation occurring at the left APB muscle. These findings were thought to most likely be consistent with carpal tunnel syndrome occurring on the left of mild to moderate severity. Exam is read. On 12/07/2012, an MRI of the right upper extremity revealed an ununited fracture of the distal phalanx near the tip with increased signal seen in the region of the distal 13 mm of the flexor digitorum profundus consistent with a tear or retraction. There was also evidence of a pulley injury at the distal portion of the proximal phalanx. The 5th digit was flexed and the flexor digitorum tendon was displaced away from the bones suggesting a pulley injury at that level of the distal pulley proximal phalanx and proximal and distal pulleys of the middle phalanx. The smaller distal extensor

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tendons that were not optimally visualized on the study but appeared grossly intact. Exam was read. On 01/29/2013, chest x-ray was considered normal with no active processes being seen,. On 02/25/2013, this claimant was taken to surgery for left little finger and ring finger flexor contractures at the PIP joint. The procedure performed was a volar plate release with check reign release at the left middle and ring finger with application of a short arm splint, all performed. On 03/13/2013, this claimant returned for further evaluation. Examination revealed that he was status post right ring and little finger PIP volar plate check reign and capsular release for PIP flexor contractures. On 03/21/2013, he was seen for initial physical therapy evaluation. He returned on 04/15/2103, and at that time had undergone 11 physical therapy visits.

On 04/17/2013, the claimant returned for further evaluation. He had PIP motion in the right ring and little finger of approximately 30 degrees in each finger; these could be brought up to 90 degrees of flexion passively. He lacked about 10 degrees of full extension. Plan was to continue physical therapy. On 04/30/2013, preauthorization determination revealed that 11 sessions of physical therapy had been completed and 18 supervised rehab sessions had been approved on 03/18/2013. Criteria used included ODG, noting fractures of 1 or more phalanges of the hand would require 16 visits over 10 weeks for postsurgical treatment can contractures of the palmar fascia such as Dupuytren's contracture were also noted. This request was non-certified as the request was outside guidelines. On 05/02/2013, the claimant returned to PT, and at that time had completed 16 physical therapy sessions. On 05/03/2013, a utilization determination for the requested physical therapy to the right wrist and hand indicated the request was non-certified as postsurgical treatment for trigger finger was 9 visits over 8 weeks. On 05/22/2013, the claimant returned for further evaluation. It was noted he had loss of approximately 30 degrees of extension in the ring PIP and about 40 degrees of loss of extension to the little finger PIP. It was noted he had almost no motion in the DIP joint in the right ring finger and approximately 10 degrees of motion in the little finger DIP joint at that time. On

05/22/013, physical therapy orders were submitted again. On 06/05/2013, a letter was submitted, indicating that she had been the physical therapist who had been working with this claimant. It was noted that he had made good gains in motion and function but had not reached his maximum potential. He was noted to have passive range preceding active range of motion; manual therapy interventions were significant in paving the way for improved functional use. His outcome measure FOTO showed him at 40% of normal with respect to his functional status. It was noted it should be higher in order for him to return to his profession and reconsideration was requested.

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

The initial determination of 04/30/2013 indicated the requested physical therapy 3 times a week times 4 weeks to the right wrist including the right ring and little finger utilizing CPT codes 97110 and 97140 were non-certified. Rationale was that the criteria used, ODG forearm, wrist and hand chapter, demonstrated that fracture of 1 or more phalanges of the hand, including fingers minor in nature, would require 8 visits over 5 weeks and postsurgical treatment for a complicated fracture would include 16 visits over 10 weeks. As such, the request exceeded guideline recommendations and the request was non-certified. The additional review performed on 05/03/2013 indicated that physical therapy for trigger finger would include postsurgical treatment of 9 visits over 8 weeks; therefore, the requested physical therapy 3 times 4 weeks to the right wrist and hand were non-certified. The medical records demonstrate that the operative procedure performed on 02/25/2013 was for left little finger and ring finger flexor contractures at the PIP joint. However, the MRI dated 12/07/2012 describes a right upper extremity MRI which reveals evidence of a pulley injury at the distal portion of the proximal phalanx with the 5th finger flexed and the flexor digitorum tendon displaced away from the bones suggesting a pulley injury at that level. The physical therapy notes indicate that physical therapy was provided for joint contractures to the right hand. As such, the records do not document objectively that this claimant had physical therapy to the

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left hand postoperatively. However, notes do indicate that he is status post right ring and little finger PIP volar check plate reign and capsular release. Therefore, the physical therapy notes indicate that he underwent physical therapy for the right hand; the post-op notes indicate he underwent surgery to the right hand, but the operative report is inconsistent demonstrating procedures to the left hand. The initial determination dated 04/30/2013 does indicate that postsurgical treatment for a fracture would include 16 visits over 10 weeks and the MRI of the right upper extremity does reveal that there was an ununited fracture of the distal phalanx near the tip. The records indicate he had undergone 11 physical therapy visits as of 04/15/2013 and 16 physical therapy visits as of 05/02/2013. As such, the original determination is accurate stating that postsurgical treatment for a fracture would include 16 visits over 10 weeks and therefore, the requested additional physical therapy to the right wrist and hand would not be supported. However, as stated previously, the operative note is to the left hand. Therefore, there is lack of objective evidence indicating this claimant sustained any operative procedures to the right hand other than the notations noted on physical therapy and post-op notes. With this inconsistency, it is evident that at this point in time, this claimant has received adequate physical therapy for the documented or non-documented conditions. The addition determination dated 05/03/2013 further utilized trigger finger guidelines indicating postsurgical treatment for trigger finger would be 9 visits over 8 weeks, but this claimant does not have trigger finger, but he had a volar plate injury which is substantially different. Therefore, the original determination dated 04/30/2013 is accurate. The subsequent determination dated 05/03/2013 is not accurate due to inappropriate guideline usage. However, based on the inaccuracies of the records in total, the request is not supported and the determinations are upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Forearm, Wrist, & Hand Chapter, Online Edition

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.

Trigger finger (ICD9 727.03):

Post-surgical treatment: 9 visits over 8 weeks