



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

11/15/13

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Occupational Therapy 2 x Week x 4 Weeks for Left Wrist/Hand 97530, 97110, 97033, 97140, 97150, 97018, 97014, 97035

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

Board Certified in Physical Medicine & Rehabilitation

**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 or not medical necessity exists for each of the health care services in dispute.

Occupational Therapy 2 x Week x 4 Weeks for Left Wrist/Hand 97530, 97110, 97033, 97140, 97150, 97018, 97014, 97035 – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Follow Up Visit, 03/14/13, 03/26/13
- Therapy Orders, 06/03/13
- Operative Report, 06/03/13
- Initial Evaluation, 06/04/13
- Daily Notes, 06/05/13, 06/06/13, 08/12/13, 08/14/13, 08/16/13, 08/23/13, 08/28/13, 08/30/13

- Plan of Care, 07/03/13, 08/21/13
- Request for Pre-Authorization, 06/07/13, 07/18/13, 08/23/13
- Re-Evaluation, 08/21/13
- Denial Letters, 09/03/13, 10/17/13
- Correspondence, 09/20/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. The described mechanism of injury is not documented.

A medical document dated 03/14/13 indicated that the patient was approximately four months removed from multiple tendon repairs to the left hand. On that date, it was documented that the patient was with full active and passive range of motion of the profundus and superficialis tendons in the index, long, and ring fingers. It was documented that there was no active flexion of the proximal interphalangeal joint or distal interphalangeal joint of the ring finger. On this date, it was indicated that consideration could be given for treatment of the described medical situation.

The records available for review indicate that surgery was performed to the left hand on 06/03/13. Surgery consisted of a flexor tenolysis of the left index finger flexor digitorum profundus, a flexor tenolysis of the left index finger flexor digitorum superficialis, flexor tenolysis of the left long finger flexor digitorum profundus, flexor tenolysis of the left long finger flexor digitorum superficialis, flexor tenolysis of the left ring finger flexor digitorum profundus, flexor tenolysis of the left ring finger flexor digitorum superficialis, flexor tenolysis of the left small finger flexor digitorum profundus, flexor tenolysis of the left small finger flexor digitorum superficialis, excision of left ring finger flexor digitorum superficialis, and a neuroplasty of the left ring finger digital nerves, both. Surgery was performed.

The records available for review indicate that the patient received at least 39 sessions of supervised rehabilitation services from 06/04/13 to 08/30/13.

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

The date of injury is approaching xx years in age. The patient is over five months removed from the most recent surgical procedure to the affected upper extremity, and it is documented that at least 39 sessions of supervised rehabilitation services have been provided since the surgical procedure of 06/03/13. For the described medical situation, Official Disability Guidelines (ODG) would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual has received the amount of supervised rehabilitation services provided since the surgical procedure of 06/03/13. As such, based upon the records presently available for review, medical necessity for supervised rehabilitation services at this time is not established per criteria set forth by the above noted reference. The above noted reference would support an

expectation for an ability to perform a proper non-supervised rehabilitation regimen for the described medical situation when an individual has received the amount of supervised rehabilitation services previously provided.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**