

Medical Assessments, Inc.

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Notice of Independent Review Decision

November 7, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Medicine and Rehab 3xWk x 3Wks Left Hand 97110, 97140

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

The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of experience.

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. His diagnoses included sprain of metatarsophalangeal of hand.

08/13/2014: Chiropractic Assessment. The claimant reported pain in the 5th finger of the left hand as 7/10. There was noted decrease in ROM along with motor strength of the finger listed as 4/5.

08/15/2014: Radiology Report. X-rays of the left 5th finger reported there is no gross pathology noted. No evidence of acute fracture or dislocation or compression. Cartilage: Narrowing of 5th carpometacarpal joint. Alignment: Normal alignment. Soft Tissue: Unremarkable.

08/29/2014: Chiropractic Note. The claimant reported with sensation and motor strength within normal limits. The 5th finger strength was reported as 4/5. The clinician noted there was weakness and pain in the lateral 5th finger with ROM in abduction, extension, and flexion decreased. The most recent clinical noted dated 8/29/2014 indicates the claimant presented with sensation, deep tendon reflexes and motor strength rated at a 5/5 with the 5th digit motor strength rated at 4/5.

09/08/2014: UR. Rational for Denial: The claimant is a male who reported an injury on xx/xx/xx. The mechanism of injury was listed as a lifting injury. His diagnosis was listed as sprain of carpometacarpal joint of the hand. Current medications, surgical history, and diagnostic studies were not provided within the submitted medical records. Other therapies were noted to include chiropractic therapy. Within the submitted medical record there was a lack of documentation of significant quantifiable objective junctional deficits to the hand. Additionally, there was no documentation to show why the patient would not be able to address the remaining functional deficits through a home exercise program. Without documentation to address the aforementioned deficiencies outlined in the review, the request at this time cannot be supported by the guidelines. As such, the request is non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer-review guidelines referenced above, the request is non-certified.

09/16/2014: UR. Rational for Denial: The patient is a male with a reported date of injury on xx/xx/xx. His diagnoses included sprain of metatarsophalangeal (joint) of hand. The current medication and surgical history was not provided with in the documentation. There is lack of documentation related to the patient's functional and neurological deficits to include range of motion in degrees and the utilization of the VAS pain scale. In addition, the request for an additional 9 physical therapy visits exceeds the recommended guidelines. Spoke and discussed the case. He stated the patient responded well to the original physical therapy and is confident with a brief continuation of physical therapy the patient will be able to regain most of the function and be stable enough to properly continue exercises at home without supervision. stated he would submit the additional clinical information demonstrating the patient's response to previous physical therapy. However, at the time of case submission, no additional information was received detailing the progress the patient had experienced with prior therapy. As such, the request for physical medicine and rehab 3xWk left hand 97110, 97140 is non-certified.

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

Determination: denial of an additional 9 PT visits is UPHOLD/AGREED UPON since there is lack of information regarding the number of PT visits already attended, compliance with attendance, the therapeutic procedures performed, the progress made with any improvement is symptoms, VAS pain score, objective measurements of Range of Motion and strength, instruction in/compliance with

Home Exercise Program, and concomitant conservative care including medication, activity modification and/or splinting. Therefore, the request for Physical Medicine and Rehab 3xWk x 3Wks Left Hand 97110, 97140 is not medically necessary.

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](#).

Fracture of carpal bone (wrist) (ICD9 814):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand) (ICD9 815):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of one or more phalanges of hand (fingers) (ICD9 816):

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

Fracture of radius/ulna (forearm) (ICD9 813):

Medical treatment: 16 visits over 8 weeks

Post-surgical treatment: 16 visits over 8 weeks

Dislocation of wrist (ICD9 833):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks

Dislocation of finger (ICD9 834):

9 visits over 8 weeks

Post-surgical treatment: 16 visits over 10 weeks

Trigger finger (ICD9 727.03):

Post-surgical treatment: 9 visits over 8 weeks

Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):

Medical treatment: 12 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Synovitis and tenosynovitis (ICD9 727.0):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Mallet finger (ICD9 736.1)

16 visits over 8 weeks

Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):

Post-surgical treatment: 12 visits over 8 weeks

Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):

Post-surgical treatment: 18 visits over 6 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 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

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

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**
- 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**
- 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)**