

# True Decisions Inc.

An Independent Review Organization  
2002 Guadalupe St, Ste A PMB 315  
Austin, TX 78705  
Phone: (512) 879-6332  
Fax: (214) 594-8608  
Email: rm@truedecisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/08/2014

**IRO CASE #:**

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

additional sessions of physical therapy (right finger (s))

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

PM&R

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 11/26/13, 12/04/13, 10/23/13, 07/30/13  
Encounter summary dated 09/12/13  
Handwritten progress note dated 09/09/13, 11/15/13  
Handwritten initial evaluation dated 07/24/13  
Flowsheet dated 08/29/13-11/15/13, 07/24/13-08/27/13  
Reconsideration/appeal dated 12/03/13  
PT note dated 11/15/13, 11/12/13, 11/08/13, 11/06/13, 11/01/13, 10/30/13, 09/09/13, 09/04/13, 08/29/13, 08/27/13, 08/22/13, 08/19/13, 08/15/13, 08/13/13, 08/08/13, 08/06/13, 08/02/13, 07/31/13, 07/24/13  
Medical questionnaire and treatment consent dated 07/24/13  
MRI right wrist dated 10/14/13  
Letter dated 12/20/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. The patient sustained a right thumb laceration at work on this date. Initial evaluation dated 07/24/13 indicates that right thumb range of motion is DIP 0-3 degrees, MCP 0 degrees and adduction 0 degrees. The patient completed 12 physical therapy visits as of 09/09/13 progress report which indicates that right thumb range of motion is DIP 0-25 degrees, MCP 13 degrees and adduction 50%. MRI of the right wrist dated 10/14/13 revealed some degenerative change at the navicular trapezium articulation; no other definite significant abnormality identified at the radial aspect of the carpal bones or 1st metacarpal articulation. Progress note dated 11/15/13 indicates that the patient has completed 18 physical therapy visits. Right thumb range of motion is DIP 0-27 degrees, MCP 15 degrees.

Initial request for additional sessions of physical therapy to the right finger was non-certified on 11/26/13 noting that treatment for an open wound of the finger or hand includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient has completed 18 sessions of physical therapy to date. He continues to demonstrate functional limitations, decreased range of motion and tenderness to palpation with inability to meet long-term goals. There is no evidence of significant functional gains or exceptional factors that would warrant the need for continuation of treatment at this time. The requested 8 sessions, in addition to the 18 completed, greatly exceeds guideline recommendations of 9 visits over 8 weeks. The denial was upheld on appeal dated 12/04/13 noting that based on Official Disability Guidelines, physical therapy following open laceration or wound to the finger or digit would constitute nine sessions of therapy over an eight week period of time. This claimant has already attended 18 sessions of therapy since time of injury greater than six months ago. The need for continued formal physical therapy modalities would not be supported by the medical records provided for review.

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

The patient sustained a right thumb laceration on xx/xx/xx and has completed 18 physical therapy visits to date. The Official Disability Guidelines Forearm, Wrist and Hand Chapter would support up to 9 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for additional sessions of physical therapy (right finger(s)) is not recommended as medically necessary.

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

- ACOEM-AMERICA 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)