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Notice of Independent Review Decision

February 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Occupational therapy

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

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:

- Utilization review (01/10/14)
- Diagnostic (09/30/13)
- Office visit (11/08/13)
- Therapy re-evaluation (11/11/13)
- Utilization review (11/18/13, 12/11/13, 01/10/14)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male who on xx/xx/xx, sustained a crush injury.

Magnetic resonance imaging (MRI) of the right hand dated September 30, 2013, that showed the lumbrical muscles of the second and third digit demonstrating mild edema compatible with grade I muscle strength, mild subcutaneous edema

of the second and third fingers with mild tenosynovitis affecting the flexor tendons of the second finger. There was subcutaneous edema especially prominent dorsal to the proximal interphalangeal joint of the index finger likely related to soft tissue contusion.

MRI of the right wrist performed on the same date of service showed grade I muscle strength of the lumbrical muscles of the second and third digits, soft tissue ganglion cyst at the volar aspect of the radiocarpal joint and mild extensor carpi ulnaris tendinopathy.

On November 8, 2013, evaluated the patient for right hand and right wrist pain. He noted pain, swelling, stiffness and loss of motion in the right hand. The symptoms were primarily affecting all fingers and the pain was described as throbbing, lancinating and severe. The patient reported that his symptoms were of sudden onset and were constant. The condition was worsened by gripping, prolonged gripping, repetitive use/activity and flexion. He would gain relief from rest, "limbering up"/massage, splinting/bracing and NSAIDs. The patient had been to Clinic and Physical Therapy recently and the evaluation at that time revealed crush injury. The patient was examined, immobilized, prescribed and referred for follow-up. He had an MRI and had used NSAIDs, Medrol Dosepak, pain pills and physical therapy (PT). Examination of the right wrist showed ganglion cyst along the volar aspect of the radiocarpal joint, full range of motion (ROM), 5/5 strength in dorsiflexion and palmar flexion, no joint instability on provocative testing and negative Tinel's over carpal tunnel. Examination of the right hand showed triggering along the right index finger, rest in flexed position, positive Dupuytren's and positive extensor pollicis longus (EPL) and flexor pollicis longus (FPL) and interossei. assessed right hand pain, right index trigger finger, right carpal tunnel syndrome and right ganglion cyst, volar wrist. He administered Kenalog injection to the carpal tunnel area, left index finger A-1 pulley and ordered three views of the right hand. He opined that if the injections did not provide any relief, then surgical intervention would be considered. He recommended continuing with therapist and concentrating on strengthening and stretching exercises and advised the patient to take anti-inflammatories as needed for pain and inflammation.

On November 11, 2013, the patient underwent PT reevaluation. The therapist recommended rehab therapy for two visits a week with an expected duration of four weeks.

Per utilization review dated November 18, 2013, occupational therapy was denied with the following rationale: "Eight visits of OT to the left hand over four weeks including 97003, 97110, 97035, 97140, and 97530 was denied with the following rationale. *The history and documentation do not objectively support the request for an additional eight visits of OT that include the listed modalities, including ultrasound at this time. The claimant has attended what should have been a reasonable number of OT visits and there is no clinical information that warrants the continuation of OT for an extended period of time. There is no evidence that the claimant is unable to complete his rehabilitation within an independent home*

exercise program. The ODG do not support the use of ultrasound for chronic conditions. The medical necessity of this therapy has not been clearly demonstrated and clarification/modification was not obtained. Conclusion/decisions do not certify. The request for eight visits of OT to the left hand over four weeks including 97110, 97035, 97140 and 97530 is not medically necessary and appropriate.”

On December 5, 2013, appealed the denial and stated that the patient would benefit from additional therapy to address limitations of decrease range of motion, decreased sensation, decreased grip strength and edema due to this injury in order to return to full duty. Due to the severity of symptoms and continued limitations that affect ability to work, OT would benefit the patient in order to progress symptom management in conjunction with the medical treatment in order to increase and optimize functional use of right hand and wrist. The combination of OT and continued physician consultation would improve over outcomes for this patient.

Per reconsideration review dated December 11, 2013, the request for additional eight sessions of OT twice a week for four weeks for the right hand/right wrist with CPT codes 97003, 97110, 97140, and 97530 was denied with the following rationale: *“In my judgment, the clinical information provided does not establish the medical necessity of this request. According to the Official Disability Guidelines regarding occupational therapy, 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. Pain in joint (ICD9 719.4): 9 visits over 8 weeks. Crushing injury of hand/finger (ICD9 927.2 & 927.3): 9 visits over 8 weeks? Regarding modalities, the Official Disability Guidelines states, the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is therapeutic exercises (97110), but other active therapies may be recommended as well, including neuromuscular reeducation (97112), manual therapy (97140), and therapeutic activities (97530). Regarding CPT code 97003 (OT evaluation), the Official Disability Guidelines supports an occupational therapy evaluation when initiating therapy. At this point, it would appear that this patient has essentially maximized the guidelines for physical therapy. There is no indication of a complication to recovery from comorbidity or extenuating clinical circumstances to support additional therapy beyond the guidelines. There is no indication of decreased grip strength to support continued therapy beyond the guidelines recommendation. It was not known why an initial occupational therapy evaluation 97110, 97003 was being requested when the patient has already had eight visits but an interval examination would be supported. The guidelines would have supported that requested active care including 97110 therapeutic exercises, 97530 therapeutic activities and the guidelines would have also supported the manual therapy 97140 as it recommends this therapy while patients are undergoing active care, but medical necessity has not been established.”*

Per reconsideration review, dated January 10, 2014, the denial for an additional eight sessions of OT twice a week for four weeks for right hand/right wrist with CPT codes 97003, 97110, 97140 and 97530 was upheld with the following rationale: *“The request for an additional eight sessions of occupational therapy (twice a week for four weeks) for the right hand /right wrist with CPT codes of 97003, 97110, 97140, and 97530 are not medically necessary. The claimant has already received 8 PT visits for this injury without any improvement. The requested additional visits in addition to the previously rendered PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. The notes from the previous PT visits documenting significant progressive functional improvement were not specified in the records provided. As per cited guideline, when treatment duration or the number of visits exceeds the guideline, exceptional factors should be noted. The records submitted contain no accompanying current PT evaluation for this claimant. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. With this, it is deemed that the clinical information obtained does not establish the medical necessity, clinical utility and anticipated potential benefits of additional physical therapy.”*

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

Patient with crush injury of hand who is improving in pain and function with rehabilitation per documentation. Per ODG, if improvement is noted, then additional rehabilitation can be considered. The requested visits are thus reasonable.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES