IRO NOTICE OF DECISION – WC

Claims Eval

Notice of Independent Review Decision

August 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OT 3xWkx6 Wks Bilateral Hand (97010 97018 97022 97026 97035 97140)

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

American Board of Orthopedic Surgery

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 medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

8-12-13, the claimant reports his hands are still the same, still painful. The last steroid shot did not help. He has not been working because there is no light duty available. On exam, the claimant has well healed incision, tenderness to palpation where the screw is in place in DIP joint. Assessment: Crush injury hand. Plan: Hold Lyrica due to lack of benefit/compliance, Taking Tramadol per Lehman.

11-20-13, the claimant reports cold intolerance, severe pain in the hands and back. Plan: Proceed with a stellate ganglion block, physical therapy 3 x a week, prescription for Avaprol.

1-20-14, the claimant has bilateral hand pain with swelling, allodynia, mottling discoloration, coolness to palpation and severe burning pain. He has severe range of motion deficits. Overall his pain has worsened. He has sympathetic maintained pain. Plan: No prescription at this visit and proceed with stellate ganglion block, continue with therapy at home.

4-1-14, the claimant had two surgeries on his right finger due to a crush injury at work. He reported neither worked. He is awaiting for workers comp to approve a third surgery. He reported he crushed both hands, three fingers on the right hand and two on the left. He also reported injury to the lower back. The evaluator noted that he has pain, swelling, mottling discoloration, coolness to palpation to the left and right upper extremity, specifically hands and wrist that are getting progressively worse. The pain is more exaggerated than expected. Plan: UDS, stellate ganglion block.

4-2-14 Utilization Review referral.

7-8-14 Referral to occupational therapy.

7-10-14 Occupational therapy initial evaluation.

7-17-14 UR - The patient is a male who sustained an injury on xx/xx/xx. He is diagnosed with joint pain in hand, joint stiffness, crushing injury of hand, and trigger finger. A request is made for 18 occupational therapy visits for the bilateral hands. The patient sustained an intraarticular fracture of the right ring finger distal phalanx as well as lacerations to both hands which were sutured. He attended occupational therapy but continued to have stiffness of the right ring finger. He underwent two surgeries to the right ring finger specifically attempted arthrodesis of the DIP joint on 11/12/12 and 3/29/13. X-rays of the right ring finger on 6/11/13, demonstrated stable open reduction and internal fixation of the distal interphalangeal joint. There was evidence of persisting fracture/remodeling at the distal interphalangeal junction. Subsequent treatments had consisted of splinting, HEP, hot wax, massage, medications, and steroid injections. The patient had been previously assessed to have complex regional pain syndrome and was recommended for stellate ganglion block. There was no indication of OT

treatments following his latest surgery on 3/29/13. He was seen for an initial OT evaluation on 7/10/14. He presented with constant right ring finger pain rated 5/10 accompanied by tingling and numbness. He also reported left small finger pain with use. Examination revealed average grip strength of 53 pounds on the left and 38 pounds on the right, average lateral pinch strength of 28 pounds bilaterally, average three jaw pinch strength of 18 pounds on the left and 15 pounds on the right, and average tip pinch strength of 16 pounds on the left and 11 pounds on the right. Right index finger AROM (extension/flexion) was 0/85 degrees at the MCP joint, 0/105 degrees at the PIP-joint, and 0/58 degrees at the DIP joint. Right middle finger AROM was 0/90 degrees at the MCP joint, 0/108 degrees at the PIP joint, and 0/58 degrees at the DIP joint. Right ring finger AROM was 0/88 degrees at the MCP joint, -20/108 degrees at the PIP joint, and 0/0 degree at the DIP joint. Right small finger AROM was 0/92 degrees at the MCP joint, -18/97 degrees at the PIP joint, and 0/60 degrees at the DIP joint. Right thumb AROM was within normal limits, Left small finger AROM was +20/95 degrees at the MCP joint, 10/108 degrees at the PIP joint, and -10/105 degrees at the DIP joint. Left wrist AROM measured 74 degrees on extension, 70 degrees on flexion, 25 degrees on radial deviation and 30 degrees on ulnar deviation, while right wrist AROM measured 66 degrees on extension, 55 degrees on flexion, 10 degrees on radial deviation and 28 degrees on lunar deviation, OT was recommended. However, the requested 18 visits exceed the number of treatments recommended for management of the patient's condition. There must be documentation of exceptional indications to support additional therapy beyond the guidelines' provisions. Moreover, six visits are generally indicated to determine response to treatment before continuing with therapy. Clarification is needed regarding any previous OT following the patient's most recent surgery, the number of completed sessions and inclusive dates of service, and his objective functional response to prior visits. With the above issues, the medical necessity of this request is not substantiated at this time. During attempted telephone contact, a message was left that informed the provider's office the case will be non-certified without additional information.

8-8-14, UR - The patient is a male who sustained an injury on xx/xx/xx. He is diagnosed with joint pain in hand, joint stiffness, crushing injury of hand, and trigger finger. An appeal request is made for 18 occupational therapy visits for the bilateral hands. The request was previously denied because the requested 18 visits exceed the number of treatments recommended for management of the patient's condition. There must be documentation of exceptional indications to support additional therapy beyond the guidelines provisions, moreover, six visits are generally indicated to determine response to treatment before continuing with therapy. Clarification is needed regarding any previous occupational therapy following the patient's most recent surgery, the number of completed sessions and inclusive dates of service, and his objective functional response to prior visits. The patient sustained an intraarticular fracture of the right ring finger distal phalanx as well as lacerations to both hands which were sutured. He attended occupational therapy but continued to have stiffness of the right ring finger. He underwent two

surgeries to the right ring finger specifically attempted arthrodesis of the DIP joint on 11/12/12 and 3/29/13. X-rays of the right ring finger on 6/11/13 demonstrated stable open reduction and internal fixation of the distal interphalangeal joint. There was evidence of persisting fracture/remodeling at the distal interphalangeal junction. Subsequent treatment had consisted of activity modification, splinting, home exercise program, hot wax, massage, medications, and steroid injection. The patient had been previously assessed to have complex regional pain syndrome and was recommended for stellate ganglion block. There was no indication of occupational therapy treatments following his latest surgery on 3/29/13. He was seen for an initial occupational therapy evaluation on 7/10/14. He presented with constant right ring finger pain rated 5/10 accompanied by tingling and numbness. He also reported left small finger pain with use. Examination revealed average grip strength of 53 pounds on the left and 38 pounds on the right, average lateral pinch strength of 28 pounds bilaterally, average three jaw pinch strength of 18 pounds on the left and 15 pounds on the right, and average tip pinch strength of 16 pounds on the left and 11 pounds on the right. Right index finger active range of motion (extension/flexion) was 0/85 degrees at the MCP joint. 0/105 degrees at the PIP joint, and 0/58 degrees at the DIP joint. Right middle finger active range of motion was 0/90 degrees at the MCP joint, 0/108 degrees at the PIP joint, and 0/58 degrees at the DIP joint. Right ring finger active range of motion was 0/88 degrees at the MCP joint, -20/108 degrees at the PIP joint, and 0/0 degree at the DIP joint Right small finger active range of motion was 0/92 degrees at the MCP joint, -18/97 degrees at the PIP joint, and 0/60 degrees at the DIP joint. Right thumb active range of motion was within normal limits. Left small finger active range of motion was +20/95 degrees at the MCP joint, -10/108 degrees at the PIP joint, dad -10/105 degrees at the DIP joint. Left wrist active range of motion measured 74 degrees on extension, 70 degrees on flexion, 25 degrees on radial deviation and 30 degrees on ulnar deviation, while right wrist active range of motion measured 66 degrees on extension, 55 degrees on flexion, 10 degrees on radial deviation and 28 degrees on ulnar deviation. OT was recommended. There was no new clinical information provided that specifically addressed the prior reasons for non-certification. Compelling indications that would warrant a substantial number of occupational therapy visits which exceeds the guidelines' provisions had still not been noted. It should be reiterated that guidelines generally recommend six visits to determine response to treatment before continuing with therapy. There is still a need for clarification regarding whether the patient had any previous occupational therapy following his last surgery. Also, the guidelines recommend no more than 4 treatment modalities per session. The requested 8 treatment modalities exceeds the guideline recommendations. In addition, the guidelines recommend active treatment modalities versus passive treatment modalities. CPT code 97018 paraffin bath, 97022 whirlpool, 97026 infrared, and 97035 ultrasound are not recommended by the guideline. In consideration of foregoing issues, the medical necessity of this request remains unsubstantiated.

8-12-14 Notice to Claims Eval of Case Assignment.

8-12-14 Notice of Assignment to IRO.

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

Medical records reflect a claimant who sustained an intraarticular fracture of the right ring finger distal phalanx as well as lacerations to both hands. The claimant underwent surgeries to the right ring finger specifically attempted arthrodesis of the DIP joint on 11/12/12 and 3/29/13. The claimant has completed postop physical therapy. The claimant reports ongoing pain and stiffness. There is a request for OT 3xWkx6 Wks Bilateral Hand. Based on the records provided, this claimant should be able to perform a home exercise program based on the physical therapy he has completed. There are no extenuating circumstances to support occupational therapy at this time. Therefore, the request for OT 3xWkx6 Wks Bilateral Hand (97010 97018 97022 97026 97035 97140) is not medically necessary.

I have been able to review the medical records provided, which did not include images; therefore written reports of other providers' interpretations of the images were used. The determinations herein are based upon a reasonable degree of medical probability. I have not evaluated this individual in person; therefore, recommendations and opinions are based upon reasonable medical probability. In the case of handwritten documents, a best effort was made to correctly interpret the handwriting.

ODG 2014 PHYSICAL THERAPY:

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

IRO REVIEWER REPORT - WC

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)