

Medical Assessments, Inc.

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April 18, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy X 12 Sessions (Left Hand)

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 female who sustained an injury on xx/xx/xx as a result of a fall that occurred. She reported that she tripped on what she believes was a little piece of concrete and fell forward with her left arm outstretched.

02/11/2015: PT progress note. The claimant sustained multiple injuries as a result of the fall. She also has contusion to the left hand. Claimant will be begin therapy.

02/11/2015: MRI of left hand, three views. **Impression:** Mild osteoarthritis of the metacarpophalangeal joint of the thumb and carpometacarpal joint of the thumb.

03/11/2015: UR. Rationale for denial: The claimant is a female who sustained an injury on xx/xx/xx. The injured employee has sustained an apparent recent injury on xx/xx/xx and has to yet participate in any physical therapy for his injury. However, the progress note, dated February 18, 2015 does not include any

complaints of left hand pain nor are there any abnormal physical examinations findings regarding the left-hand. As such, this request for physical therapy for the left hand is not medically necessary.

03/20/2015: UR. Rationale for denial: The request to be addressed is physical therapy for the left hand. There is no mention of any left-hand pathology in any of the progress notes presented for review. The symptoms appear to be relative to the shoulder, left knee and low back. Therefore, when considering the clinical information presented for review, there is no clinical indication for any physical therapy for the left hand. I was able to speak with who stated the claimant has only had 6 sessions in the past. However, none of this therapy was for the hand. No other new information was received by.

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

The previous determination has been upheld. The request exceeds ODG recommended number of visits for submitted diagnosis, and other than report of a hand contusion, there is lack of clinical information documenting pathology necessitating physical rehabilitation. Therefore, the request for Physical Therapy X 12 Sessions (Left Hand) is non-certified.

ODG Guidelines:

Sprains and strains of wrist and hand (ICD9 842):

9 visits over 8 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)