



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: March 11, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for physical therapy 2x3 weeks for left finger/hand; 97110, 97002

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

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

Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX while she was pulling a door rack and she felt pain in the palm of her left hand and left middle finger. The claimant underwent an A1 pulley release on XX/XX/XX. The claimant completed 19 sessions of physical therapy on XX/XX/XX.

A physical therapy progress note dated XX/XX/XX indicates that the claimant still has some pain and numbness that increases with activity. The claimant has poor functional capacity to left hand and was no longer working. The claimant was able to make a fist and was able to work however, had pain during and at end of full day of work. The claimant reported about 80-85% of normal, pain was 0/10 today. On objective exam, there was full motion, holds hand in supinated position, finger flexed noted, mild swelling and some redness near the surgery site, and no warmth. Plan was 1 more visit then discharge. Follow up exam dated XX/XX/XX documented that the claimant found a retained stitch that she removed on her own. On physical exam, some scar tissue tenderness and almost full range of motion noted. The claimant was diagnosed with trigger finger of the left middle finger. Plan was work on range of motion exercises and scar massage and therapy.

The request is for physical therapy 2 x 3 weeks for the left finger/hand.

Prior adverse determination letter dated XX/XX/XX indicates that the request for physical therapy 2x3 weeks for left finger/hand was previously denied because the patient had attended post-operative physical therapy for what would be a sufficient number of visits, and there was no evidence that she remained unable to continue and complete her rehabilitation with an independent home exercise program. The documentation for this review still does not provide evidence that the patient remains unable to continue and complete her rehabilitation with an independent home exercise program. XX discussed



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the case with XX who had no additional clinical information to provide to support the request. There was no indication that continuation of supervised exercise is likely to provide her with a significant or sustained benefit that she cannot achieve on her own.

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

According to ODG, 9 visits over 8 weeks of post-surgical physical therapy is recommended for the diagnosed condition of left middle trigger finger. The medical records document that the claimant completed 19 visits of post-operative physical therapy on XX/XX/XX. Additional 6 sessions of physical therapy were requested. The request for additional physical therapy exceeds the ODG recommendation and is not supported. The treating physician did not provide any specific indications for additional physical therapy. There is no new information submitted that would indicate overturning the previous denials.

Therefore, based on the ODG recommendation and lack of specific medical necessity for another course of physical therapy, the request for additional 6 sessions of physical therapy is not medically necessary and appropriate. The request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES - Online Version

Forearm, Wrist, & Hand (Acute & Chronic)

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.

Trigger finger:

Post-surgical treatment: 9 visits over 8 weeks

[wi]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.