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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT bilaterally, no nerve testing on right hand/arm; hand specialist referral, local doctor

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

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

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

X 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 patient is a XXXX who was injured on XXXX. The patient was XXXX. During the XXXX, XXXX was XXXX. XXXX used XXXX. XXXX.

On XXXX, XXXX, evaluated the patient for post-injury continued pain, hypersensitivity in the hands and wrist and also at the scar site. XXXX had intermittent numbness and tingling in the hands and limited range of motion (ROM), although improved with physical therapy (PT). Reportedly, the patient was taken to the XX and treated with antibiotics after the incident. XXXX later developed cellulitis and XX for a week and treated with antibiotics. XXXX was then seen at XXXX and underwent therapy. The last therapy was done about three weeks ago. XXXX wounds healed, but XXXX developed some tingling, numbness, paresthesias, hypersensitivity in XXXX hands and was diagnosed with complex regional pain syndrome (CRPS). XXXX underwent a Designated Doctor evaluation who had ordered an electrodiagnostic study and recommended to see a hand specialist. The medical history was notable for diabetes, hypercholesterolemia, anemia, gastroesophageal reflux disease (GERD), insomnia, syringomyelia, syringobulbia, vitamin D deficiency and fatty liver. The surgical history was notable for cholecystectomy, bilateral carpal tunnel release and right trigger finger release. Current medications included pravastatin, hydrochlorothiazide, metformin, Tylenol #4, naproxen, tizanidine, tramadol and vitamins. On the examination, the range of motion (ROM) of both the hands was within functional limits. Tenderness to palpation in the wrist along the scar site into the mid palms and also hypersensitivity was noted. The patient appeared to have some discoloration. The left hand grip, extension and flexion strength was 4/5. The right hand grip, extension and flexion strength was 4+/5. The patient reported some tingling sensation in the fingertips. The diagnoses were history of XXXX to

both hands and question of possible CRPS. XXXX recommended continuing the current medications and home exercise program (HEP) and starting work hardening program.

On XXXX, the patient was referred to XXXX for evaluation to help develop rehabilitation, pain management and medical plans. The medical history was notable for asthma. The diagnoses were feature of posttraumatic stress disorder (PTSD), adjustment disorder with both depression and anxiety, chronic pain, status post multiple lacerations and problems from XXXX to both arms, chronic pain, significant disruption of activities of daily living, inability to work and some financial stress. The current global assessment of functioning (GAF) was 58. The patient was recommended to continue PT and Neurontin under care of XXXX.

On XXXX, the patient was seen at XXXX for physical performance evaluation. On exam, the ROM of the both hands was within functional limits. The patient notably had flexion and extension lag on the more involved side. XXXX was hypersensitive to touch. The patient was currently receiving strengthening ROM and desensitization. The therapy seemed very appropriate. XXXX was recommended to continue with therapy.

On XXXX, treatment planning was provided at XXXX. The patient was recommended continuing PT at XXXX as XXXX reported benefits.

On XXXX, the patient was seen at XXXX. The patient continued to experience some burning sensation in XXXX hands, left greater than the right. XXXX felt weakness and occasionally dropped objects. Gripping and reaching was moderately limited. XXXX was unsure about the gabapentin result. The functional test score/DASH was 38. On exam, mild scar adhesions were noted bilaterally. The right wrist active extension was 74 degrees (XXXX), WNL (XXXX). The left wrist active extension was 52 degrees (XXXX), 65 degrees (XXXX); flexion was 40 degrees (XXXX), 60 degrees (XXXX); radial deviation was 26 degrees (XXXX), WNL (XXXX); ulnar deviation was 30 degrees (XXXX), WNL (XXXX). The right wrist passive extension was 90 degrees (XXXX), WNL (XXXX). The left wrist passive extension was 70 degrees (XXXX), WNL (XXXX); flexion 47 degrees (XXXX), WNL (XXXX); and radial deviation 35 degrees (XXXX), WNL (XXXX). The right wrist gross strength was 4+/5 on XXXX and XXXX. The left wrist gross strength on XXXX was 3+/5 in extension, flexion, ulnar deviation, and pronation. The supination strength was 3/5 and radiation deviation was 4-/5. The left wrist strength on XXXX was 4/5 throughout. The right wrist muscle testing on XXXX revealed 4/5 strength in flexor digitorum profundus (FDP), flexor digitorum superficialis (FDS), extensor digitorum, and elbow flexion. The elbow extension strength was 4-/5. The right wrist strength was 4+/5 throughout on XXXX. The left wrist muscle testing on XXXX revealed 3/5 strength in FDP, 3+/5 in FDS, 3/5 in extensor digitorum, 4/5 in elbow extension and 4-/5 in elbow flexion. The left wrist strength was 4/5 throughout on XXXX. The hand dynamometer testing revealed right hand position 2 at average 42 pounds and left hand at 30 pounds capacity. It was determined that there was decrease in functional status and also subjective and objective deficits which could be addressed by PT intervention. Hence, continued PT two times a week for four week was recommended. The patient was also recommended EMG testing and a referral to a hand surgeon for a second opinion

On XXXX, Adverse Determination Notice documented the PT to bilateral wrists two times a week for four weeks was denied. Rationale: *“In this case, the claimant has attended 14 sessions of physical therapy and ODG Forearm, Wrist and Hand Chapter PT guidelines recommend 10 visits for the medical treatment of wrist pain and stiffness. ODG indicates when guideline recommendations are to be exceeded exceptional factors should be noted, but there was a lack of physical examination findings documented that would support the need to deviate further from guideline recommendations versus*

transitioning to a self-directed home exercise program and the records did not document a home exercise program would be insufficient to address any residual issues. There was not a medical rationale provided why this patient cannot transition to a self-directed home exercise program to address any residual deficits, therefore, this request is not medically necessary.”

On XXXX, XXXX noted the patient had continued pain, numbness and tingling in XXXX both hands which radiated up to forearm slightly. Neurontin had not helped much. The therapist had recommended additional therapy sessions. Bilateral hand exam and neurological exam remained unchanged. XXXX referred the patient for additional sessions and placed XXXX on light duty. HEP was continued. The patient was referred for an electrodiagnostic study for both upper extremities.

On XXXX, XXXX documented an addendum and revised the GAF score for XXXX, to 90.

On XXXX, Adverse Determination after Reconsideration Notice was documented. The denial for PT to the bilateral wrists was upheld. Rationale: *“Official Disability Guidelines Physical Therapy notes that treatment frequency should decrease as time goes on with initiation of a well structured supervised home exercise program. When treatment exceeds guideline recommendations; the requesting physician must document extenuating circumstances, co-morbidities, objective functional improvement as well as additional supporting evidence to warrant more therapy. Official Disability Guidelines (ODG) Hand/Wrist PT recommends 9 visits over eight weeks for this injury. ODG Hand/Wrist also notes; “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, grip is still an issue despite improved range of motion. ODG also recommends that patients should be formally assessed after a 6 visit clinical trial to determine functional improvement prior to continuing with more PT. Peer to peer discussion completed with XXXX, XXXX and XXXX notes this claimant was discharged from their practice on XXXX as XXXX was seeking care at XXXX. XXXX did not request more PT. Therefore, XXXX proposed treatment consisting of Physical Therapy Bilateral Wrist 2 x 4 was not appropriate and medically necessary for this diagnosis and clinical findings as XXXX did not request.”*

On XXXX, XXXX, denied the PT request on the basis of following rationale: *“Official Disability Guidelines discusses indications for physical and occupational therapy to the wrist and hand. The guidelines recommend an individualized treatment program with transition to an independent active home rehabilitation. Based on my review of the medical records and discussion with the treating provider, this claimant has done very well objectively in physical therapy so far. This claimant would be expected to have previously transitioned to an independent active home rehabilitation program. The medical records do not provide an alternate rationale as to why this claimant instead would require additional supervised therapy.”*

On XXXX, XXXX, completed an electrodiagnostic study. The examination of the hands revealed decreased sensation in median distribution of the left hand and over the dorsum. There was no evidence of thenar or hypothenar atrophy. The electrodiagnostic study demonstrated evidence of a median nerve injury affecting the left upper extremity. The only abnormality was denervation in the APB muscle, indicating that this was a distal branch injury within the hand. There was some decreased radial nerve function on the left relative to the right side, but this was less pronounced. The entirety of examination of the right upper extremity was unremarkable.

On XXXX, and XXXX, XXXX noted the bilateral hand examination and neurological examination remained unchanged. XXXX noted the PT was denied and considered sending the patient to XXXX for

PT with techniques including desensitization and increasing the fine motor moves. HEP was continued. The patient was placed on full duty without restrictions.

On XXXX, preauthorization form for PT was documented.

On XXXX, Adverse Determination Notice was documented. The request for PT to the bilateral wrist was denied on the basis of the following rationale: *“In this case, the claimant has complaints of ongoing wrist pain, and the claimant has prior completed 14 sessions of physical therapy. It is unclear at this time why claimant has not been faded to a self directed exercise program supervised by the physician. There is no documentation of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond the possibly exceeded guidelines. Therefore, the request for Physical Therapy Bilateral Wrist (3 x 4) is not medically necessary and appropriate at this time.”*

On XXXX, an Adverse Determination after Reconsideration Notice was documented. XXXX denied the PT request. Rationale: *“As noted at the time of a prior physician review and per ODG guidelines, physical therapy and occupational therapy are generally recommended with the goal of transition to an independent home rehabilitation program. This claimant has previously transitioned to such an independent home rehabilitation program. The medical records do not document any change in the claimant's neurological exam. The provider acknowledges the prior denial of additional physical therapy but does not address what specific goals would require additional supervision as opposed to independent home rehabilitation. For these multiple reasons, there is no basis to change the prior determination. This request is not medically necessary and is not certified.”*

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

Based on the medical records the individual has exceeded the recommended number of therapy by ODG and there does not appear to be any changes in the physical exam. In addition, no specific goals have been addressed justifying additional formal therapy as opposed to a home based program.

Therefore, based on the records reviewed additional therapy is not recommended and the decision is upheld.

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