

Medical Assessments, Inc.

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2xWkx6Wks left wrist

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

This physician has 21 years of experience in Physical Medicine and Rehabilitation.

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 XX who sustained an injury on XX when XX was swiping at the ball and XX wrist struck the hard ground.

XX Evaluation by XX, MD. X-Ray- Interpretation Wrist-Normal carpal alignment. Evidence of a prior metaphysical distal radius fracture without displacement. Impression: 1. Post-op hand surgery: distributed on the left hand and left wrist joint. Associated diagnosis: postoperative exam.

XX: Operative report by XX MD. XX underwent left wrist arthroscopy, repair of the left scapholunate ligament and posterior interosseous nerve neurectomy.

XX: Operative report by XX, MD. Removal of hardware on the left wrist.

XX: Evaluation by XX, MD. Claimant is XX s/p left scapholunate ligament repair performed on XX. Wrist ROM is +70-20 with full pronation and supination and limited radial and lunar deviation. Palmar flexion is markedly limited both actively and passively.

XX: PT progress notes by XX DPT. The claimant was on XX XXPT visit post scapholunate ligament repair. XX reported wrist tightness. XX had limited wrist flexion active/passive with continued lunate dorsal glide hypermobility with capsular restrictions.

XX: MRI of the left wrist without contrast interpreted by XX, MD. Findings noted subchondral cyst formation at the lunate articulation with the capitate and herniate series 8 image 38. It revealed there was a residual fracture of the distal radius. There was no displacement or angulation. There were moderate radio scaphoid and radiolunate osteoarthritis. Additional minimal focal osteoarthritis at the lunate-capitate-hamate articulation was noted. The triangular fibrocartilage complex was intact. Tendons were also noted to be intact.

XX: Daily note by XX, DPT. Claimant was on XXXX PT visit post scapholunate ligament repair. XX still complained of wrist tightness with continued extensor digitorum flexibility deficits limiting the wrist flexion passive range of motion.

XX: Office visit by XX, MD. Claimant was present with wrist pain. XX continued to have wrist pain but denied numbness and tingling. On PE, of the left wrist showed that there was tenderness to palpation over the TFCC with ulnar deviation. Functional testing was done including Finkelstein test, Phalen's test, carpal compression test, Tinel's test was all negative. There was full ROM 5/5 strength, no pain and tenderness to palpation and negative functioning test in the left hand and left digits.

XX: UR performed by XX, MD. Rationale for denial: Per XX report, there were no through assessment findings specific to the left wrist. There were no measurable ROM and strength documentation. Based on the clinical information submitted or this review, this request is non-certified.

XX: UR performed by XX, MD. Rationale for denial: the claimant underwent left wrist arthroscopy repair of left scapholunate ligament rupture and posterior interosseous nerve neurectomy on XX. XX had removal of deep hardware of the left wrist on XX. Per PT, the claimant completed XX PT sessions for the left wrist. However, the current request exceeds the guideline recommendation in addition to the previous completed visits. There was no clear documentation of objective functional improvement from the prior sessions. There were no exceptional factors to support ongoing supervised therapy versus maintenance home exercise. The request is non-certified.

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

Determination: Denial of an additional basic Physical Therapy visits 2 times a week for 6 weeks is UPHeld/AGREED UPON since the request exceeds ODG recommended number of visits for submitted diagnosis, and clinically after completion of XX visits over XX (XX) there is documentation of plateau in gains in wrist Range of Motion and strength, and grip strength.

There is also lack of clinical information regarding instruction in and compliance with a home exercise program. There is also question of consideration of progression to a more comprehensive, functional rehabilitation program now over one year since date of injury and surgery.

The request for Physical Therapy 2xWkx6Wks left wrist is found to be not medically necessary.

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.

Fracture of carpal bone (wrist):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of metacarpal bone (hand):

Medical treatment: 9 visits over 3 weeks

Post-surgical treatment: 16 visits over 10 weeks

Fracture of one or more phalanges of hand (fingers):

Minor, 8 visits over 5 weeks

Post-surgical treatment: Complicated, 16 visits over 10 weeks

Fracture of radius/ulna (forearm):

Medical treatment: 16 visits over 8 weeks

Post-surgical treatment: 16 visits over 8 weeks

Dislocation of wrist:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks

Dislocation of finger:

9 visits over 8 weeks

Post-surgical treatment: 16 visits over 10 weeks

Trigger finger:

Post-surgical treatment: 9 visits over 8 weeks

Radial styloid tenosynovitis (de Quervain's):

Medical treatment: 12 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Synovitis and tenosynovitis:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 14 visits over 12 weeks

Mallet finger:

16 visits over 8 weeks

Contracture of palmar fascia (Dupuytren's):

Post-surgical treatment: 12 visits over 8 weeks

Ganglion and cyst of synovium, tendon, and bursa:

Post-surgical treatment: 18 visits over 6 weeks

Ulnar nerve entrapment/Cubital tunnel syndrome:

Medical treatment: 14 visits over 6 weeks

Post-surgical treatment: 20 visits over 10 weeks

Sprains and strains of wrist and hand:

9 visits over 8 weeks

Sprains and strains of elbow and forearm:

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment/ligament repair: 24 visits over 16 weeks

Open wound of finger or hand:

See also [Early mobilization](#) (for tendon injuries).

9 visits over 8 weeks.

Post-surgical treatment/tendon repair: 24 visits over 16 weeks

Pain in joint:

9 visits over 8 weeks

Arthropathy, unspecified:

Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks

Amputation of thumb; finger:

Medical treatment: 18 visits over 6 weeks

Post-replantation surgery: 36 visits over 12 weeks

Amputation of finger without replantation: 14 visits over 13 weeks

Amputation of thumb without replantation: 16 visits over 3 weeks

Amputation of hand:

Post-replantation surgery: 48 visits over 26 weeks

Post-amputation treatment: without complications, no prosthesis: 18 visits over 17 weeks

Post-amputation treatment: with complications, no prosthesis: 24 visits over 22 weeks

Amputation of arm:

Post-amputation treatment: without complications, no prosthesis: 18 visits over 17 weeks

Post-amputation: without complications, with prosthesis: 30 visits over 27 weeks

Post-amputation: with complications, no prosthesis: 30 visits over 22 weeks

Post-amputation: with complications and prosthesis: 40 visits over 35 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 4 weeks

Carpal tunnel syndrome:

Medical treatment: 1-3 visits over 3-5 weeks

Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks

Post-surgical treatment (open): 3-8 visits over 3-5 weeks

Crushing injury of hand/finger:

9 visits over 8 weeks

Contusion of upper limb:

6 visits over 3 weeks

Crushing injury of upper limb:

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)**