



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

DATE OF REVIEW: 12/11/2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Occupational Therapy 2 X 4 for left ring Finger/ hand.

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

M.D. Board Certified in Internal Medicine and Occupational Medicine.

REVIEW OUTCOME

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

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX who has filed a claim for chronic hand, wrist and finger pain reportedly associated with an XXXX injury of XXXX.

Thus far, the patient has been treated with the following: Analgesic medications; prior left ring finger trigger finger release surgery of XXXX; 6 sessions of post-operative occupational therapy, per a prior utilization review report dated XXXX; and several months off work.

A request for occupational therapy was denied per a utilization review report dated XXXXX, at which point the claims administrator referenced the patient having completed 6 sessions of post-operative occupational therapy following prior left ring and trigger finger release surgery.

On XXXX, the XXXXX, once again, denied a request for additional occupational therapy.

The patient and/or attending provider subsequently appealed. On an office visit dated XXXX, the attending provider documented the patient having developed two palpable subcutaneous nodules on the long and ring fingers, which, the attending provider stated, were likely a function of nodules associated with Dupuytren's contractures. The attending provider documented the nodules as being painful with the patient having general difficulty performing gripping and grasping tasks. The attending provider noted that the patient did exhibit full range of motion about the digits, albeit with pain. The attending provider documented that a prior left ring finger-trigger finger incision line had healed fully and was barely visible. The attending provider stated that the patient's issues with left ring finger-trigger finger

had resolved and the patient now had new issues with Dupuytren's contracture for which occupational therapy would prove beneficial in terms of improving range of motion and improve grip strength. The attending provider documented the patient having weakness in terms of grip strength on manual muscle testing. The attending provider documented that the patient was off of work.

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

Per ODG references, the requested "Occupational Therapy 2 X 4 for left ring Finger/ hand" is medically necessary. ODG's Forearm, Hand and Wrist Chapter Physical/Occupational Therapy Guidelines support a general course of 9 visits over 8 weeks for patients who carry a diagnosis of "pain in joint," also support a general course of "9 visit over 8 weeks" for patients who carry diagnosis of sprains and strains of the wrist and hand, and also notes that "more visits may be necessary when grip strength is a problem, even if range of motion is improved." Here, the requesting provider suggested on XXXX that the patient in fact had significant grip strength present about the left hand, associated with what he believed represented a manifestation of the patient having developed new-onset Dupuytren's contractures of the hand. Treatment on the order of that proposed is, thus, indicated to ameliorate the patient's issues of weakness and grip strength deficits associated with new-onset Dupuytren's contractures of the hand. Therefore, the request is medically necessary.

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 KNOWLEDGE BASE
- ☐ 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