



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

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Notice of Independent Review Decision

DATE OF REVIEW: June 21, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of 12 sessions of physical therapy [which includes ultrasound, 15 minutes (CPT 97035); therapeutic exercise (CPT 97110); manual therapy techniques; 15 min each (CPT 97140); E-stimulation (G0283)] for the right hand/right upper extremity

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN 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 xxx who was injured on XXX while heading towards XX XX tripped and fell landing on XX right upper extremity. The claimant nursed XX injury with ice and NSAID and the next morning sought care at an urgent care facility. At the urgent care facility they reported XX had a fracture and put XX in a half cast; however, XX later saw an orthopedic doctor who removed XX cast. On XXX XX was seen for a second opinion, and they concluded that XX did not have a fracture. The claimant underwent therapy from XX to XX. Progress note dated XXXX from XX, documented the claimant had complaints of XX right hand "being very weak" with symptoms including burning, cramping, and weakness. According to the progress note, the claimant had an MRI scan that was "basically totally normal, talks about the second and third MCP joints, no collateral injuries." The claimant was diagnosed with contusion of the hand including fingers, right; contusion of right hand; contusion of unspecified finger without damage to nail and additional physical therapy was recommended. Initial visit note dated XX with XX, MD documented that the claimant had complaints of difficulty with showering and dressing due to pain and limited use of right upper extremity; inability to use right hand when driving due to difficulty when grasping the wheel; and inability to hold or carry an object in the right hand due to pain and weakness. According to the visit note, the claimant was seen at another facility for therapy and had received two cortisone injections. Objective findings on exam included decreased range of motion in the wrist and fingers and well as inability to perform grip strength "due to lack of fist." The examinee presented with 32°flexion and 58°extension in the right wrist; 30°/0° (flexions/extension) of the MCP joint



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in the right finger 2; 55°/0°(flexions/extension) of the PIP joint in the right finger 2; 30°/0° (flexions/extension) of the MCP joint in the right finger 3; 65°/0° (flexions/extension) of the PIP joint in the right finger 3; 40°/0° (flexions/extension) of the MCP joint in the right finger 4; 85°/0° (flexions/extension) of the PIP joint in the right finger 4; 60°/0° (flexions/extension) of the MCP joint in the right finger 5; 90°/0° (flexions/extension) of the PIP joint in the right finger 5. The claimant was diagnosed with contusion of right hand. The treatment plan was physical therapy for 2 times a week for 6 weeks because of decreased range of motion and strength of the right hand which was affecting XX functional abilities as well as XX abilities for work.

Prior UR dated XX denied the request for 12 sessions of physical therapy (which includes ultrasound, 15 minutes (CPT 97035); therapeutic exercise (CPT 97110); manual therapy techniques; 15 min each (CPT 97140); E-stimulation (G0283)) based on the ODG, which supports physical therapy for up to only nine visits over an eight week period for a diagnosis of sprain of the wrist or hand. According to the denial letter, “the claimant has already completed eight sessions of occupational therapy and is over three and a half months from the time of injury”.

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

The claimant is a XXX who sustained injury to the right hand and was diagnosed with contusion of the right hand. The request is for additional 12 sessions of physical therapy for the right hand.

Review of medical records revealed that the initial treatment consisted of a half cast and then a limited motion splint for greater than 6 weeks. The claimant also had 9 sessions of therapy spanning from XXX to XXX, with limited improvement. The claimant remained with decreased motion of DIP, PIP, and MCP joints. There is no documentation of any re-injury, exacerbation or any explanation for lack of meaningful improvement. The Official Disability Guidelines (ODG) recommend 9 physical therapy sessions over 8 weeks for the claimant’s diagnosed condition, which this claimant has already received. After reviewing the records provided there have been no documentation of additional diagnoses or injuries as well as any medical necessity criteria to warrant additional therapy sessions other than transition to a home exercise program. The requested 12 sessions of additional therapy exceeds the ODG recommendation.

Therefore, based on the ODG Treatment Guidelines and criteria as well as the clinical documentation stated above, the request of 12 sessions of physical therapy [which includes ultrasound, 15 minutes (CPT 97035); therapeutic exercise (CPT 97110); manual therapy techniques; 15 min each (CPT 97140); E-stimulation (G0283)] for the right hand/right upper extremity is not medically necessary and appropriate.

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



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**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – Online
Version**

Forearm, Wrist, & Hand (Acute & Chronic) - (updated 05/09/18)

Physical/ Occupational therapy

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.

Sprains and strains of wrist and hand:

9 visits over 8 weeks

Contusion of upper limb:

6 visits over 3 weeks

[gg]

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.