Clear Resolutions Inc.

An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

97530 – Therapeutic activities for 60 minutes – (4 units) – three times a week for four weeks
97110 – Therapeutic procedures for 45 minutes – (3 units) – three times a week for four weeks
97140 – Manual therapy for 15 minutes – (1 unit) – three times a week for four weeks
97014 – EMS for 15 minutes (1 unit) – three times a week for four weeks
97010 – Ice pack for 15 minutes (1 unit) – three times a week for four weeks

Requested date of service was XXXX through XXXX

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Licensed Chiropractor

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

- ☐ Overturned (Disagree)
- ☑ Upheld (Agree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX who was diagnosed with fracture of phalanx of the left middle finger (62.603D) and left ring finger (62.605D). On XXXX, XX was XX. The XX belt. The XX left hand moved and XX finger. There was loss of bone and flexor profundus tendon injury to the left middle finger; and open wound and partial laceration of the flexor profundus tendon to the left ring finger. XX underwent open reduction and internal fixation of the fracture of the left middle finger with allograft, repair of flexor profundus tendon of the left middle finger and excisional debridement of frankly necrotic tissue; as well as repair of the flexor profundus tendon of the left ring finger and closure of laceration of left ring finger.

Per a wound care center note by XX dated XXXX, XX continued to make progress. On examination, the left middle and ring fingers appeared to be healing well with no evidence of any contracture. XX was referred for continued therapy.

The treatment to date included surgical intervention and physical therapy.

Per a utilization review dated XXXX by XX the request for postoperative therapeutic activities, therapeutic procedures, manual therapy, electrical stimulation and cold packs three times weekly for left middle/ring finger was denied.

A reconsideration review was performed on XXXX by XX, which indicated that the request was denied.

XX performed a functional capacity evaluation on XX. Per the report, XX demonstrated sufficient strength to perform the following activities: In the heavy category – torso lift, floor lift and floor to waist lift whereas in the medium category, high near lift, arm lift, waist to shoulder lift, shoulder to overhead lift and treadmill. XX was able to perform carrying up to 50 pounds and walking on a constant basis; bending and crawling on a frequent basis; and climbing stairs, balancing, kneeling, crouching and bilaterally immediate reaching / overhead reaching / fingering on an occasional basis. XX demonstrated functional deficits in attempting to perform tasks.

XX was limited to medium-heavy category (less than 70 pounds) on an occasional basis. XX opined that XX would highly benefit from outpatient physical therapy services to eliminate XX deficits and regain optimal functional capacity without restrictions / limitations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request is not medically necessary and the two previous denials are upheld. The patient is status post open reduction and internal fixation of the fracture of the left middle finger with allograft, repair of flexor profundus tendon of the left middle finger and excisional debridement of frankly necrotic tissue as well as repair of the flexor profundus tendon of the left ring finger and closure of laceration of left ring finger; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no specific information provided regarding postoperative physical therapy completed to date or the patient's response thereto. There are no serial physical therapy records documenting the number of sessions completed. There is no documentation of significant and sustained improvement with physical therapy. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- ☐ Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back
- ☐ Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines

Wrist and Hand Chapter

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.

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

- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)