

AccuReview

An Independent Review Organization
 569 TM West Parkway
 West, TX 76691
 Phone (254) 640-1738
 Fax (888) 492-8305

[Date notice sent to all parties]: April 25, 2018, Amended on May 10, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 x Week x 2 Weeks 97110 97140 97164

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

This physician is Board certified in Rehabilitation and Physical Medicine with over 20 years of experience.

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]:

XXXX: Visit Note dictated by XXXX laceration with pain to left index finger, reported occurred with the XX. Negative for fractures. Wound Repair: After evaluation, determined that the neurovascular structures intact, closed in single layer suture. DX: S61.211A Laceration without foreign body of left index finger without damage to nail, initial encounter. RX: XX 500mg TID x 7 days. Plan: light duty, no lifting more than 20lbs, and keep wound dry and clean. Follow up in one week.

XXXX: Visit Note dictated by XXXX Follow up for laceration of left index finger, increased pain with bending, reported XXXX is back to full duty. DX: S61.211D Laceration without foreign body of left index finger without damage to nail, left finger contusion. RX: XX 500mg, RTW full duty and advised to return for worsening with goal to reduce pain by 50% and improve quality of life and function by 50% long term. Advised to ice 15 mins BID and elevate extremity and apply wrap with appropriate tension.

XXXX: Visit Note dictated by XXXX left index finger contusion and pain 8/10 with erythema to injured digit. PE: swelling over the proximal interphalangeal joint of index finger, distal interphalangeal joint of index finger, metacarpophalangeal joint of index finger and Ecchymosis noted throughout the index finger. ROM restricted with extension at the PIP, DIP and MIP. Movements are painful with flexion at PIP, DIP and MIP. Tenderness to palpation is noted over DIP, PIP, and MIP. RX: XX 750mg. Advised to RTC 2 weeks.

XXXX: Visit Note dictated by XXXX 7/10 pain left index finger with pain medication, reported working full duty. DX: S61.211D Laceration without foreign body of left index finger without damage to nail, subsequent encounter. Refer to Physical therapy.

XXXX: Visit Note dictated by XXXX left index finger pain 10/10, working full duty. XX 30 mg IM given today. Follow up in 2 weeks, MRI requested as XXXX continue to be symptomatic.

XXXX: MRI Left Hand Without Contrast dictated by XXXX. Impression: 1. No fracture or osseous contusion. 2. Mild diffuse index finger flexor tenosynovitis. 3. Index finger distal extensor tendon is not well seen on this exam however is thought to most likely be intact. 4. Moderate diffuse index finger subcutaneous edema/contusion.

XXXX: Visit Note dictated by XXXX left index finger pain. XX injection to site of pain. DX: S61.211D Laceration without foreign body of index finger without damage to nail, S60.022D Contusion of left index finger without damage to nail. Refer to PT.

XXXX: Visit Note-PT Note dictated by XXXX: left index finger pain. Progression: Claimant continues full duty; presents with improved ROM across L 2nd digit and improved L hand grip strength; pain experienced at rest is still constant numbness across L index finger; still favors R hand for all ADLs and lifting weight due to pain intolerances using L index finger.

XXXX: Visit Note dictated by XXXX 9/10 left index finger pain that radiates to shoulder and reported can not move arm and working with restrictions. RX: XX 50mg. DX: S61.211D Laceration without foreign body of left index finger without damage to nail. Plan: Full duty PT approval still pending, continue the follow up, off 3 days and then return too full duty.

XXXX: Visit Note dictated by XXXX left index finger pain and discomfort to XXXX left shoulder, pain 9/10. DX: S61.211D laceration without foreign body of left index finger without damage to nail, F11.20 Opioid dependence, uncomplicated. RX: XX 100mg. Plan: Full duty off x 2 more days, return to XX unfortunately despite the surgery XXXX continues to have significant stiffness and inability to move the left index finger as XXXX complains to soreness in the entire arm. Recommend EMG/MCV for further evaluation on patient complaints, follow up in 2 weeks.

XXXX: UR performed by XXXX. Reason for denial: The request is outside the ODG guidelines and little progress has been documented, can not be approved without peer discussion and the provider did not return call. Documentation does not substantiate increase in function by increasing ADLs or return to work. It is unclear at this time why after the initial physical therapy more physical therapy sessions are needed and why claimant has not been faded to a self-directed exercise program supervised by the physician. Thus, the requested frequency and duration of physical therapy does not meet with the criteria. Therefore, the request for PT 3 x Week x 2 Weeks is not medically necessary currently.

XXXX: UR performed by XXXX. Reason for denial: The prescription dated XXXX indicated that the claimant was provided with the prescription of PT 3x week x 2 weeks. However, the frequency and duration of initial PT that claimant had taken was not mentioned or evidenced. Also, documentation does not substantiate the effectiveness of the previous physical therapies. Documentation does not substantiate decrease in pain by decreasing quantitative pain scores. Documentation does not substantiate increase in function by increasing ADLs or RTW. It is unclear at this time why after the initial PT more PT sessions are needed and why claimant has not been faded to a self-directed exercise program supervised by the physician. Thus, the request for PT 3x Week x2 weeks is not medically necessary currently.

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

Denial of Physical Therapy 3 times a week for 2 weeks for 97110, 97140 and 97164 is UPHELD/AGREED WITH since the request exceeds ODG recommended number of visits and time frame for submitted diagnoses, and clinically after notation of at least 7 PT visits there is no objective

documentation of gains in finger joint range of motion or hand strength, no change in function with continued reports of full duty, and no documentation of instruction in and compliance with a home exercise program. Therefore, after reviewing the medical records and documentation provided, the request for Physical Therapy 3 x Week x 2 Weeks 97110 97140 97164 is denied.

Per ODG: XX

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)**