



Specialty Independent Review Organization, Inc.

July 10, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #:
MDR Tracking #: M2-06-1148-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 43 year old female injured her right thumb while at work on _____. A tailgate fell onto her wrist and hand. The X-rays revealed no fracture and she received physical therapy.

Physical Examination revealed tenderness at the right CMC joint. The range of motion and grip were within 90% of the left thumb. Patient has had 4 physical therapy visits and has marked improvement with minimal pain.

RECORDS REVIEWED

Concentra, Letters: 03/02 and 3/10/2006.
Records from Carrier:
S Robinson Atty, Letters: 6/14 and 6/23/2006.

Records/Doctor Facility:

Status Report: 3/15 and 6/12/2006.

A Hernandez MD, Report: 3/15/2006.

OSA, Reports: 2/22, 4/12, 4/17, and 5/23/2006.

REQUESTED SERVICE

The requested service is physical therapy 3 times per week for four weeks to the right thumb. This request includes therapeutic exercises (97110), hot/cold packs (97010) and massage therapy (97124).

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The patient had a sprain to her right thumb and responded to the four physical therapy visits. The physical therapy note on 05/23/2006 reveals 0% impairment to the whole person. The therapeutic exercises of 97110 have been given to the patient in those four visits and there is no indication of continued exercises.

97010 Hot/Cold Pack can be administered at home and does not require formal physical therapy. 97124 – Massage Therapy. The patient has reached her maximum therapeutic benefit for this service. There is no indication in the information supplied of a continuation of massage therapy.

Concentra Policy for sprains and strains of the wrist and hand allows 9 visits over 8 weeks. The patient responded in just 4 visits. An additional 12 visits is over and above the policy limits and are unnecessary.

REFERENCES

Brotzman & Wilk: Clinical Orthopedic Rehabilitation, 2nd Edition.

Braddom: Physical Medicine and Rehabilitation.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 10th day of July, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli