

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>06/27/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1435-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied 97002-physical therapy re-evaluation; 97110-therapeutic exercises/physical therapy two to three times a week for four weeks.

### DECISION: **Upheld**

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/27/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for 97002-physical therapy re-evaluation; 97110-therapeutic exercises/physical therapy two to three times a week for four weeks is not medically necessary at this time.

### CLINICAL HISTORY:

This 51-year-old male was injured on \_\_\_\_\_ when he fell from a ladder. Dr. Criswell performed an open reduction internal fixation (ORIF) of a comminuted distal left radius fracture on 02/20/2004 using two volar and dorsal locking plates. The electromyogram/nerve conduction velocity (EMG/NCV) studies of 04/16/2004 revealed a left median and anterior interosseous neuropathy. Dr. Criswell performed an open Carpal Tunnel Release (CTR) on 05/06/2004.

An MRI of the left shoulder revealed a fracture of the left humeral head with subchondral cyst formation and bone fragments between the supraspinatus tendon and bone. There was a

suggestion of a tear of the biceps tendon and tears of the anterior and posterior labrum. In addition the glenohumeral ligaments were said to reveal a strain.

The CT scan of the wrist dated 07/30/2004 revealed nearly complete union of the radius fracture, mild positive ulnar variance. On 10/12/2004 Dr. Labbe performed an arthroscopic lysis of adhesions of the left shoulder, subacromial decompression (SAD), excision of the distal clavicle, repair of rotator cuff and manipulation under anesthesia (MUA). He had extensive physical therapy after each of the operations. In fact for a time he had daily physical therapy for several months.

**REFERENCE:**

Wrist & Hand: Orthopedic Knowledge Update. AAOS 2002

**RATIONALE:**

The physical therapy note dated 01/09/2004 documents the injured individual's left wrist ROM: flexion 41 degrees, extension 44, supination 78 and pronation 90, radial deviation 11 and ulnar deviation 15 degrees. He was still receiving passive ROM exercises for the hand and shoulder. Dr. Siff wrote another script for PT to the hand on 12/16/2004. He received a stellate ganglion block in December. On 01/05/2005 the ROM of the left meta carpal phalanges (MCP) joints was normal, there were fixed flexion contractures of the "right" proximal interphalangeal (PIP) joints of the long and little fingers. He was to remain on work restrictions.

On 08/29/2005 Dr. Labbe noted that the injured individual stated that his shoulder was "still doing very well" and the ROM of the wrist was improving. He was given a stellate ganglion block on 09/08/2005. He was working 6 to 7 hours a day. On 10/10/2005 Dr. Labbe recommended a Functional Capacity Exam (FCE). On 10/28/2005 Dr. Siff noted that he was being treated for Reflex Sympathetic Dystrophy (RSD). He complained of pain in the left hand he was to obtain some equipment to do PT at home and continue with PT. On 01/11/2006 Dr. Siff noted that he had a better ROM of the wrist and fingers and was doing well.

The subsequent notes document issues with denial of PT. On 02/10/2006 he complained of numbness at night in his hand as well as stiffness. The EMG/NCV studies of 03/01/2006 revealed moderate to severe carpal tunnel syndrome on the left. Dr. Fang performed a Disability Determination Evaluation (DDE) on 03/30/2006 and concluded that he could return to work (RTW) with restriction on lifting more than 20 pounds with his left arm and avoid frequent overhead movement of the left shoulder. Dr. Fang does not mention the EMG/NCV studies or the presence of RSD. On 04/05/2006 he told Dr. Siff that he was getting worse without therapy.

The medical data shows that the last CT scan of his left wrist was done on 07/30/2004. The injured individual does not appear to have had any x-rays of the left wrist since that time. In addition soon after the initial ORIF he developed median and anterior interosseous neuropathy. This would explain the flexed attitude of the index finger and the limitation of function of the left hand. He still has severe CTS per the EMG/NCV studies of 03/01/2006. The injured individual also has some features of an RSD.

It is well known that a injured individual who has RSD and CTS at the same time will not respond to PT until the median nerve is decompressed. In addition it is possible that the plate is irritating the nerves at the wrist. Therefore, prior to request for physical therapy, the injured individual should be evaluated with x-rays and possible CT scan of the left wrist and evaluation for possible removal of the plate in conjunction with open CTR surgery.

**RECORDS REVIEWED:**

Notification of IRO Assignment dated 06/01/06

MR-117 dated 05/31/06

DWC-60

DWC-69: Report of Medical Evaluation dated 05/08/06

DWC-73: Work Status Reports dated 02/27/04 through 05/10/06

MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/01/06

Amerisure Insurance: Letters dated 06/05/06, 03/23/04 from Keith Turner, Field Claims Specialist

Donald M. Mauldin, M.D.: Report dated 04/17/06

Kaisen Fang, M.D.: Designated Doctor Evaluation dated 03/28/06

The Neurology Center: Electromyographies dated 03/01/06, 04/16/04

Healthsouth: Plans of Care dated 01/25/06, 12/30/05, 11/30/05, 11/04/05 from Tuppen Bourianoff, OT

Healthsouth: Re-Evaluation Progress Reports dated 01/25/06, 12/30/05, 01/30/05 from Tuppen Bourianoff, OT

Healthsouth: Daily Note dated 01/13/06 from Olga Aljure, OT

Health Insurance Claim Forms dated 12/21/05, 04/26/05, 11/16/04, 04/13/04

Healthsouth: Daily Notes dated 11/09/05 through 01/23/06 from Tuppen Bourianoff, OT

Healthsouth: Initial Evaluation dated 11/04/05 from Tuppen Bourianoff, OT

Coding Pain Sheet dated 10/12

Healthsouth Evaluation Center: Fax cover sheet with handwritten note dated 09/09/05

Kirby Surgical Center: Anesthesia Records dated 09/08/05, ??/26/05. 12/04

Doctor, McCann & Arthur, L.L.P.: Operative Notes dated 09/08/05, 04/26/05, 12/21/04 from Uday Doctor, M.D.

Doreen Sams: Letter dated 08/03/05 and memo dated 07/28/04

The Methodist Hospital: Letter dated 07/27/05 from Cindy Terrazas, Claims Consultant

Display Log note dated 07/11/05

Dynasplint: Certificates of Medical Necessity for Dynasplint dated 07/05, 03/05, 03/05, 12/04, 11/22/04

Bone & Joint Clinic: Notification of Physical Therapy Orders dated 06/08/05, 02/14/05

Pinky S. Tiwari, M.D.: Follow-up Neurological Evaluation (handwritten) dated 04/09/05

Review Med: Medical Record Review dated 04/17/05 from Mark Parker, M.D.

Office notes (handwritten – “Subjective: Status/Functional Improvements” at top) dated 04/06/05, 03/23/05, 03/11/05, 02/07/05

Bone & Joint Clinic: Physical Therapy Prescriptions dated 03/30/05, 02/25/05, 02/07/05, 01/17/05, 01/03/05, 12/16/04, 11/16/04, 11/05/04, 10/15/04

The Methodist Hospital: Report of Audiometric Evaluation dated 03/17/05  
Healthsouth: Required Medical Exam dated 03/15/05 from Robert Brownhill, M.D.  
St. Luke's Episcopal Health System: MR brain, MR orbit, face and neck dated 03/08/05, CT upper extremity dated 07/30/04  
Pinky S. Tiwari, M.D.: Initial Neurologic Evaluation dated 02/17/05 with attached handwritten note and referral form  
Bone & Joint Clinic: Functional Capacity Evaluation Summary Report dated 02/16/05 from Marisol Oreta, P.T.  
UniMed Direct LLC: Review Determinations dated 01/05/05 through 05/31/06  
Review Med: Form note dated 01/05/05  
ECG reports – one with "Noted" date of 10/29/04 and one dated 03/08/04  
Memorial Hermann Hospital System: Treatment Program-Shoulder notes dated 09/17/04, 07/19/04, 06/18/04  
Encounter Notes dated 07/21/04 through 04/05/06 from Todd Siff, M.D.  
Bone & Joint Clinic: Physical Therapy Initial Hand/Wrist Evaluation Care Plan (handwritten)  
Physical Therapy Daily Progress Notes dated 10/15/04 through 10/12/05  
Bone and Joint Clinic: Physical therapy daily notes for the period 10/15 through 05/09  
Houston Surgery Center: Operative Report dated 10/12/04 from Marc Labbe, M.D.  
Houston Surgery Center: Surgery Implant Record dated 10/12/04  
Houston Surgery Center: Anesthesia note dated 10/12/04  
Laboratory Corporation of America: Lab report dated 10/05/04  
Joshua Septimus, M.D.: Medical Consultation dated 10/04/04  
Radiology Report (handwritten) dated 10/04/04  
TMC Brace Place: Note dated 09/29/04  
Keith Turner: Case Summaries dated 09/28/04, 09/27/04  
Todd Siff, M.D.: left hand radiographs dated 09/21/04, left wrist radiographs dated 07/21/04  
Memorial Hermann Hospital Southwest: Outpatient Physical Therapy Progress Report dated 07/20/04 from Brigette Youngblood, PTA  
Memorial Hermann Wellness Center: Progress Reports dated 07/16/04, 06/11/04 from Piper Flowers, OTR, CHT  
Encounter Notes dated 06/30/04 through 10/10/05 from Marc Labbe, M.D.  
Concentra: Closure Report dated 06/25/04 from Mary Anne Ortiz, RN  
Southwest Hospital: Outpatient Summary Sheet dated 06/23/04  
Memorial Hermann Hospital System: Patient Education Assessment Form dated 06/23/04  
Memorial Hermann Hospital System: Outpatient Initial Evaluation-Shoulder dated 06/23/04  
A/W Mechanical Services: Letter dated 06/21/04 from Dwain Person, President  
Concentra: Activity Report #1 dated 06/20/04 from Mary Anne Ortiz, RN  
Memorial Hermann Healthcare System: Patient Registration dated 06/18/04  
Memorial Hospital System: Treatment Program Outpatient Physical Therapy notes for the period 06/16/04 through 07/28/04  
Orthopedic Associates: Consultation Report dated 06/15/04 from Gregory Harvey, M.D.  
Orthopedic Associates: Radiology Report dated 06/15/04 from Gregory Harvey, M.D.  
Concentra: Initial Evaluation dated 06/11/04 from Mary Anne Ortiz, RN  
Memorial Hermann Hospital System: Outpatient Progress Notes (handwritten) dated 06/11/04 through 10/08/04

Orthopedic Associates: Office notes dated 06/10/04, 05/13/04, 04/01/04, 02/26/04 from Allen Criswell, M.D.

Arlene Marx, M.D.: Letter dated 06/10/04 (Page 2 only)

River Oaks Imaging and Diagnostic: MRI left shoulder dated 06/09/04

Memorial Hermann Southwest Hospital: Outpatient Medical History/Subjective Information (handwritten) dated 05/19/04

Orthopedic Associates: Statement dated 04/22/04

Christus St. Catherine Hospital: Operative Reports dated 05/06/04, 02/20/04 from Allen Criswell, M.D.

ErgoRehab: Final Progress Note dated 04/30/04

Page Southerland Page: Facsimile Transmittal dated 04/28/04

ErgoRehab: Progress Notes dated 04/23/04, 04/16/04, 04/02/04, 03/19/04

Information on "Pain Pump" signed 04/21/04

Orthopedic Associates: Physical Therapy Prescription forms dated 04/01/04 and 06/15/04 (second date not completely legible)

Tomball Regional Hospital: Discharge Summary related to 03/09/04 emergency room visit

Tomball Regional Hospital: Authorization and Consent for Treatment dated 03/08/04

Tomball Regional Hospital: Acknowledgment Receipt of Privacy Notice dated 03/08/04

ErgoRehab: Initial Rehabilitation Evaluation dated 03/08/04 from Steven Sopher, PT

Tomball Regional Hospital: Radiology Report dated 03/08/04

Tomball Regional Hospital: Discharge Summary Report – lab report dated 03/08/04

Tomball Regional Hospital: Emergency Room Record dated 03/08/04

Emergency Department Nursing Charges dated 03/09/04

Tomball Regional Hospital: Emergency Physician Record (handwritten) dated 03/08

Tomball Regional Hospital: Emergency Services Nursing Flowsheet (handwritten) dated 03/08/04

Crystal Report Viewer: History and Physical dated 02/27/04

Healthsouth: Undated list of Evaluation Centers Texas and Louisiana

Undated article on "Orthogel"

Dynasplint Systems, Inc.: Undated Manufacturer Invoice

EMSI: Article entitled, "EMSI-3000 Pulsed-Galvanic Stimulator"

The Knee Shop: Article entitled, "AirCast Knee Products From the Knee"

Orthopedic Associates: Business cards for Allen Criswell, M.D. and Gregory Harvey, M.D.

Undated Wrist and Forearm Stretching Exercises

Undated Emergency Department Procedure Charges

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**27<sup>th</sup> day of June 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:**       Beth Cucchi