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An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

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

General Surgery

Description of the service or services in dispute:

Additional Occupational Therapy X 7 visits right thumb/hand

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

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

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The patient sustained a laceration to the dorsal radial aspect of her thumb base. The patient underwent left hand laceration exploration and repair, EPL tendon repair, EPB tendon repair, superficial radial nerve branch repair and laceration of thenar muscle repair on 09/09/14. Office visit note dated 03/13/15 indicates that the patient reports improvement in her de Quervain's tenosynovitis after corticosteroid injection done 2 ½ months ago. She is able to work but does have discomfort and achiness to her dorsoradial wrist. She reports some improvement in range of motion of her thumb, but it is still limited. On physical examination left thumb base incision is healed. EPL and EPB are intact. Sensation is intact in all digits. There is minimal Tinel's at the superficial radial nerve distally overlying the thumb nail. There is minimal tenderness to palpation over the 1st extensor compartment. There is a mild positive Finkelstein's.

The initial request for additional occupational therapy x 7 visits was non-certified on 12/29/14 noting that nurse notes indicate the patient has completed 17 physical therapy visits to date with improvement of pain, strength and grip. However, there is no documented evidence of functional improvement with physical therapy to indicate the need for additional therapy. The denial was upheld on appeal dated 02/04/15 noting that the Official Disability Guidelines state that up to 24 sessions of occupational therapy may be supported status post surgical treatment/tendon repair. The guidelines also state that continued visits are contingent on objective functional improvement. The clinical notes indicate that the patient has attended 17 sessions of occupational therapy. However, there was a lack of documentation in regard to objective functional improvement from the previous sessions.

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

The patient underwent left hand laceration exploration and repair, EPL tendon repair, EPB tendon repair, superficial radial nerve branch repair and laceration of thenar muscle repair on 09/09/14 and has completed at least 17 postoperative therapy visits to date. The Official Disability Guidelines would support up to 24 visits of postoperative therapy for the patient's diagnosis; however, the Official Disability Guidelines note that while the recommendations for number of visits are guidelines and are not meant to be absolute caps for every case, they are also not meant to be a minimum requirement on each case (i.e., they are not an "entitlement"). There is a lack of documentation in the submitted clinical records of significant functional improvement secondary to previously completed therapy to establish efficacy of treatment and support additional sessions. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for additional occupational therapy x 7 visits right thumb/hand is not recommended as medically necessary.

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 AHCPH-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 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)