

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

Date: 6/19/2018 7:58:09 AM CST

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

18 initial occupation therapy of the right 5th digit XX

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

Occupational Therapy

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The injury is detailed as, XXXX. The current diagnosis is documented as pain in the right finger. The patient right fifth digit irrigation and debridement of double complicated wound and open treatment of the open fracture of the distal phalanx, nailbed repair on XXXX. During the assessment XXXX, the patient complained of pain in the right digit, particularly if XXXX bumped it. XXXX rated XXXX pain a 6-8/10. The patient reported that it was very difficult to perform activities of daily living. The physical examination of the right hand reveals a volar distal base flap with some viability. There was some black eschar area, but there were other areas where there was capillary refill. The wound was intact and the sutures were removed without difficulty. There was no significant erythema or drainage noted. The patient was advised to continue with wound care and was to start occupational therapy for range of motion exercises of the right. The patient underwent an occupational therapy evaluation on XXXX. The patient reported that XXXX was unable to bend XXXX small finger due to stiffness, pain and hypersensitivity. The physical examination revealed a dense scab at the P3 tip. There was no drainage, odor, excessive warmth or other signs of infection noted. Proximal interphalangeal, distal interphalangeal and pulmonary range of motion was limited by tightness and extreme pain. The patient exhibited the need for skilled occupational therapy to address pain in the dominant right hand; edema, minimal, fluctuation in the right small finger; decreased strength in the right hand; decreased active range of motion; decreased dexterity and coordination and hypersensitivity.

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

The Official Disability Guidelines recommend 16 visits over 8 weeks following fracture of 1 or more phalanges of the hand. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with

the physical therapy). The records indicate that the patient complained that XXXX was unable to bend the right small finger due to stiffness, pain and hypersensitivity. The patient reported difficulty using utensils and opening containers. The patient was noted to have 10/10 pain in the right small finger, described as constant, shooting, burning and deep. Occupational therapy sessions were recommended due to edema, significant pain/hypersensitivity, decreased flexion, decreased grip/pinch strength and decreased dexterity. Although given the patient's condition, the requested number of sessions exceeds the guideline recommendation for initial treatment. There were no exceptional factors noted to support the requested number of sessions outside guideline recommendation.

Therefore, the 18 initial Occupational Therapy of the right fifth XX is not medically necessary and upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Forearm, Wrist & Hand, Physical/ Occupational therapy Fracture of one or more phalanges of hand (fingers):