

**Health Decisions, Inc.****1900 Wickham Drive****Burleson, TX 76028****P 972-800-0641****F 888-349-9735**

March 8, 2019

**IRO CASE #:** XX**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Wound care, manual therapy, therapeutic activities and exercise – XX at XX of XX XX, XX surgical encounters.**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Licensed in Physical Medicine and Rehabilitation**REVIEW OUTCOME:**

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

Partially Overturned (Agree in part/Disagree in part)

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]:** Patient is a XX y/o XX s/p IF XX XX XX and release XX. XX provider is recommending wound care, manual therapy, therapeutic activities and exercise.

XX – Patient Evaluation-XX, CHT: A) XX.XX Encounter for other specified surgical aftercare. B) XX.XX Complete traumatic XX XX of I XX XX, XX. C) XX.XX Effusion, XX XX. D) XX.XX Pain in joints of XX XX. E) XX.XX Stiffness of the XX XX, not elsewhere classified. Subjective: History: Pt is a XX y/o XX s/p XX IF XX XX. Pt states XX's still a little numb. Pain: Pt c/o 3/5 pain rating and increases with movement of the XX digits. Objective: XX: Mod XX to the XX XX. Wound: Removed post-op drsg, cleansed XX, removal of mod amount of dried and clotted blood, min TAB to incision, zeroform, dry gauze and absorbent drsg applied. Issued wound care supplies. Assessment: Pt presents with mod strike through on post-op drsg. Pt's XX with XX and pt educated on daily drsg changes watching moisture level. Pt issued supplies and orthosis adjusted for comfort. Pt would benefit from XX therapy to address wound care, ROM

and progress POC after IF is released from palm. Treatment Plan: Formal therapy to include XX, moist heat, cryotherapy, ultrasound, therapeutic exercise/activities, progressive strengthening, functional activities, soft tissue mobilization, joint mobilization, XX control and pt education. Static/Dynamic orthosis fabrication as needed. All treatments to be completed in a progressive manner in conjunction with MD orders and stage of healing.

XX – Patient Progress Note-XX: A) XX.XX Encounter for other specified surgical aftercare. B) XX.XX Complete traumatic XX XX of I XX XX, XX. C) XX.XX Effusion, XX XX. D) XX.XX Pain in joints of XX XX. E) XX.XX Stiffness of XX XX, not elsewhere classified. General: Prescribed Frequency: XX, wound care, rehab protocol per injury type, early protected motion and HEP. Planned Frequency: XX fabrication and management XX week for XX weeks. Subjective: Pt is a XX y/o XX s/p IF XX XX XX and release XX. Pt reports 4/10 pain to the XX area and 3/10 pressure pain to the IF. Objective: select debridement: removal of non-viable tissue in palm and IF, cleaned XX, applied moisture barrier to the XX to XX XX wound, applied IF/XX zeroform, and dry gauze. Ther ex: ROM in all planes to digits/XX. Functional Reporting – XX – Carrying, moving and handling objects: 60-79%. Functional Reporting – XX – Carrying, moving and handling objects: 80-99%.

XX – Patient Progress Note-XX: A) XX.XX Encounter for other specified surgical aftercare. B) XX.XX Complete traumatic XX XX of I XX XX, XX. C) XX.XX Effusion, XX XX. D) XX.XX Pain in joints of XX XX. E) XX.XX Stiffness of XX XX, not elsewhere classified. General: Prescribed Frequency: XX, wound care, rehab protocol per injury type, early protected motion and HEP. Planned Frequency: XX fabrication and management XX week for XX weeks. Subjective: Pt is a XX y/o XX s/p IF XX XX XX and release XX. Pt reports a little drainage with drsg changes. XX states only the top side where there is more of wound is more sensitive with pressure. Objective: select debridement: removal of non-viable tissue at IF tip, cleaned with wound cleanser, then dressed with zeroform, dry gauze and shaped tip with XX. Ther ex: ROM in all planes to XX/XX. IF and XX active extension, scarf crawl, foam cubes. Brown gripper, XX with red power web. Manual: stm and vibration to the XX scar, and XX massage to IF. Assessment: in the past XX, wound on XX XX has filled in after some parts of XX became XX and had to be debrided. As wound is closing, drainage has decreased and pt able to keep clean and free from infection. Width of wound is now .XX. Part of XX is present. Shape of XX is developing as expected and XX continues to gradually decrease. The IF and XX ROM continue to improve and IF TAM is now 215 from 133; XX TAM is 100 from 55. Baseline grip showed XX non dominant grip of 81# is 53% of XX XX and lateral pinch is 4# less than XX (82%), but 3pt pinch showed pt had only 52% of XX XX and ME XX to XX showed only 29% of XX XX (7%). Pt is beginning to tolerate more pressure to the IF XX. Pain does affect grip and pinch. Will work of desensitization and shaping as XX heals. Scar in XX is dense and surface area at XX is taunt, but it does not interfere with XX ROM. Pt is making progress and would benefit from additional therapy XX XX to continue to improve ROM, strength and activity tolerance pain free in order to return to full time work duties unrestricted. Functional Reporting – XX – Carrying, moving and handling objects: 40-59%. Functional Reporting – XX – Carrying, moving and handling objects: 60-79%. Functional Reporting – XX – Carrying, moving and handling objects: 80-99%.

XX – URA Determination-XX: Texas Insurance Code 4201 requires all XX XX insurers performing utilization review of health care services provided to persons eligible for XX XX medical benefits and insurance coverage be certified as a URA. XX (XX) is a Utilization Review Agent is certified under this code. Utilization review for XX has been completed for the dates of service from XX to XX. Your request was reviewed by a licensed practitioner in a health care specialty appropriate to review this treatment/service request and has rendered a non-certification decision. Consulting Provider Specialty: XX surgery. Decision/Clinical Rationale as stated in the peer reviewer's report: Request: XX visits of XX therapy to the XX XX using XX, XX, XX, XX. Explanation of findings: ODG recommends XX visits over XX weeks for XX of XX without replantation. XX XX system XX is under study for use in wound management, for any body part, not just XX, XX and XX, and for different types of wounds, including burns, XX XX, and injuries. Within the associated medical file, there is documentation of subjective findings of XX XX/XX injury. The injured worker reports the top of XX XX is where the wound is more sensitive with pressure. Injured worker has completed XX XX therapy sessions. Objective findings include the wound of the IF XX has filled in after some parts of the graft became XX and had to be debrided. The drainage has decreased and is free from infection. The width of wound is now .XX and part of the XX is present. The TF and XX range of motion continue to improve and TF TAM is now 215 from 133, XX TAM is 100 from 55. The injured worker is making progress and would benefit from additional therapy. The injured worker is post-op XX index XX XX XX on XX and XX release on XX. However, there is no clear documentation to support further exceeding the guideline recommendation of XX visits over XX weeks for this condition or documentation contraindicating continued

management of the injured worker's condition within a home exercise program. Therefore, I am recommending non-certifying the request for XX additional visits of XX therapy to the XX XX using XX, XX, XX, XX.

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

Denial of additional XX XX Therapy visits XX times a week for XX weeks is PARTIALLY OVERTURNED. Although completion of previous XX XX visits post XX surgical procedures for XX of the XX XX XX does exceed ODG recommendations, there is documentation of decreasing wound size and gains in Range of Motion with residual deficits in grip/pinch strengths to warrant medical necessity of an additional XX XX visits XX times a week for XX weeks for continued wound care, manual therapy, exercise and therapeutic activities. Therefore, I am overturning the request for the additional XX XX therapy visits XX times a week for XX weeks for continued wound care, manual therapy, exercise and therapeutic activities.

PER ODG:

### **Conditionally Recommended**

Recommended as indicated below.

### **Evidence Summary**

XX

**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)**