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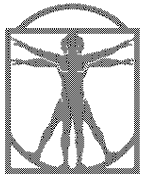
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Page: 1 of 7 04/17/2024 5:39 AM TO:15625060355 FROM:



DHRHealth
Orthopedic and Sports
Therapy Institute

**5540 Raphael
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Edinburg, TX
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Ph: (956)
362-6870
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362-6875**

FAX

To: UR DEPT
Fax: (562) 506-0355
Phone: 7145657640
Re: GARZA, MARIA - REQUESTING
OCCUPATIONAL THERAPY TREATMENT

From: Rosa I Alvarado-Rodriguez
Pages: 7
Phone: (956) 362-6870
Date: 04/17/2024

Comments: Please review for OT treatments and fax determination to 9563626774. Respectfully, Rosie A

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DOCTORS HOSPITAL AT RENNAISSANCE

TIN: 74-280-2643

NPI: 1053317362

ORTHOPEDIC AND SPORTS THERAPY INSTITUTE

5540 RAPHAEL DR. EDINBURG, TX 78539

PH: 956-362-6770 FAX: 956-362-6774

Date: 04 / 17 / 2024

Attn: TMC Precert Dept

From: Rosie A

PH: 714-565-7640

FAX: 562-506-0355

RE: MARIA G GARZA

DOB: 12/12/1966

CLAIM#: 241131730

DOI: 04/10/2024

Requesting 8 Occupational Therapy treatments

Dx: (R) MIDDLE FINGER SPRAIN S63.8X1D

Codes: ●97110 ●97112 ●97140 ●97530 ● 97760 ● 97762 ● 97763 ● 97168

SPLINT Code: ● _____

Referring MD: DR DANIEL GUERRA NPI: 1104986306

606 S BROADWAY AVE

MCALLEN, TX 78501-4906

PH: 956-682-4515 FAX: 956-622-7655



DHR Health

Orthopedic and Sports Therapy Institute

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Ph: (956) 362-6870
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Initial Evaluation - Occupational Therapy

Patient Name:	MARIA G GARZA	Date Seen:	4/16/2024
MRN #:	00655690	Visit #:	1
Referring Physician:	DANIEL J GUERRA, MD	Patient ID:	12755637
Diagnosis:	S63.8X1D Sprain of other part of right wrist and hand, subsequent encounter	Date of Birth:	12/12/1966 (57 years old)
Time In:	4:00 PM	Time Out:	5:00 PM

Subjective

Current Condition

Details

Chief Complaint: Patient presents to Occupational Therapy with DX R ring finger sprain referred by Dr Daniel Guerra.

Right hand dominant

Language - English/ Spanish

Next MD visit - 4/29/24

Onset Date: DOI: 4/10/24

Type of Injury: DX: R ring finger sprain

Specific Injury: Patient reports she works with special ed children as a teacher aide. She reports her student pulled on her ring finger 3 times. She immediately reports injury to her boss and was seen by the MD shortly after. She had imaging completed, no bone fractures. She was DX with sprain in R hand. She went back to MD this week and was recommended to start OT to address pain and stiffness in R fingers. Patient was been able to work since injury.

Previous L hand OT for trigger finger injections in 2019.

Type of Surgery: N/A

Occupation: job title: teacher aide demand level: moderate

Pain History

Pain Area

Area	Current	Best	Worst
Right hand	8/10	8/10	10/10

Pain Type: Sharp pain, feels pain in ulnar sided hand

Aggravating factors : trying to bend her fingers, lifting objects

Functional Status

Functional Activity	Status
Dressing, grooming, eating	Moderate Limitation
Household chores	Severe Limitation
Leisure, recreational activities	Unable to Perform
Working	Unable to Perform

Currently Working: No

PRIOR FUNCTION : Independent

Medical History**Condition**

Noncontributory

See FOTO

Objective**Observation**

No apparent deformities to R hand.

Cognition

Alert & Oriented X4

Hand**Hand - Active Range Of Motion**

Motion	Right	Left
2nd Digit MCP Flexion	48 Degrees	70 Degrees
3rd Digit MCP Flexion	35 Degrees	70 Degrees
4th Digit MCP Flexion	35 Degrees	65 Degrees
5th Digit MCP Flexion	17 Degrees	90 Degrees
2nd Digit PIP Flexion	80 Degrees	100 Degrees
3rd Digit PIP Flexion	81 Degrees	100 Degrees
4th Digit PIP Flexion	65 Degrees	91 Degrees
5th Digit PIP Flexion	70 Degrees	94 Degrees
2nd Digit DIP Flexion	44 Degrees	70 Degrees
3rd Digit DIP Flexion	54 Degrees	71 Degrees
4th Digit DIP Flexion	25 Degrees	70 Degrees
5th Digit DIP Flexion	35 Degrees	70 Degrees

Thumb opposition: 0 cm to base of 5th digit.

Right hand: 10/10 Kapanjdi Scale

Hand - Girth

Measurement	Right	Left
DPC	18.9 cm	18.5 cm
Ring finger PIPJ	6.2 cm	6.0 cm
Ring finger DIPJ	5.0 cm	4.7 cm
Middle finger PIPJ	6.5 cm	6.4 cm
Middle finger DIPJ	5.2 cm	5.0 cm

Hand - Grip Strength

Position	Right	Left
Grip Strength - Position II	18.0 Pounds	41.0 Pounds
Lateral Pinch	4.5 Pounds	7.0 Pounds
Tip Pinch	4.0 Pounds	7.0 Pounds
Tripod Pinch	5.0 Pounds	6.0 Pounds

Assessment**Descriptions**

Evaluation has determined decrease in functional status for this patient.

Evaluation has found subjective and objective deficits that can be addressed by occupational therapy intervention.

Subjective and objective measures are addressed by goals in the plan of care.

Patient involved in the development of these goals.

Patient educated about current injury and treatment.

Patient is a 57 year old seen for OP OT Initial Evaluation with medical diagnosis of R ring finger sprain. Primary impairments include decreased AROM, decreased strength, decreased ability to perform functional tasks and decreased sensation.

These impairments cause patient difficulty with performing ADLs/IADLs, preventing or causing trouble in performing or participating in ADL, work, leisure, and home management tasks. Patient is a good candidate to receive occupational

therapy services as per current impairment, previous and current level of function. POC for this patient will focus on decreasing pain, increasing UE ROM, and increasing ability to perform ADLs/IADLs with more ease and independence. Thank you for allowing us to participate in the care of the patient.

Problem List

Problems

Increased edema limiting ROM, strength, functional use with increased reports of pain
Decreases sensation limits functional use and motion of hand, wrist.
Decreased ROM to affected wrist and hand limiting functional use for ADL's.
Decreased strength in hand (grip and pinch) and UE.
Decrease participation in functional and work activities

Plan

Goals

Length	Status	Goal
Short Term	In Progress	STG Independent with home exercise program in 3 visits.
Long Term 4 Weeks	In Progress	LTG Patient to report improved sensation in bilateral hands during functional activities to 0 of 10 VAS.
Short Term 2 Weeks	In Progress	STG Patient will demonstrate full composite fist touching DPC.
Long Term 4 Weeks	In Progress	LTG Improve grip strength to within 50% of non-involved side within 4 weeks
Short Term 2 Weeks	In Progress	STG Patient will increase by grip strength 15 lbs.
Short Term 2 Weeks	In Progress	STG Patient will increase R hand lateral pinch to 10 lbs.
Long Term 4 Weeks	In Progress	LTG Patient will be independent with functional, ADL and work activities.
Short Term 2 Weeks	In Progress	STG Patient will be independent with grooming/hygiene tasks using R hand.
Long term 4 Weeks	In Progress	LTG Patient will be able to open/close jar with her R hand without pain or modification

Treatment Plan

OT recommends skilled OT intervention as per physician's orders to address edema control, pain control, range of motion, and return to work functional use. 2 Times per week for 4 weeks, with treatments to consist of: Patient Education to Include a Home Exercise Program, (97168) Re-evaluation of occupational therapy established plan of care, (97110) Therapeutic procedure, 1 or more areas, each 15 minutes; Therapeutic exercises to develop strength and endurance, range of motion and flexibility, (97112) Therapeutic procedure, 1 or more areas, each 15 minutes; Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception, (97140) Manual therapy techniques (e.g., connective tissue massage, joint mobilization and manipulation, and manual traction), each 15 minutes, (97760 AND 97763) Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes AND Orthotic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s) encounter, each 15 minutes., (97035) Application of a modality to 1 or more areas; Ultrasound, each 15 minutes.

Initial Treatment

- OST-OT Evaluation Mod Complexity

Billing

CPT	Description	Units
97166GO	OT EVAL MOD COMPLEX 45 MIN	1

Melissa Cepeda, OTR/L, CHT

Melissa C Cepeda, OTR/L, CHT License #: 120949 4/16/2024 6:29 PM
4/16/2024 6:29 PM

(Document electronically signed by TheraOffice Documentation)

To Be Completed By Physician:

☐ I have no revisions to this plan of care

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ Revise plan of care as follows

Continue ☐ times per ☐ for ☐ weeks / months

☐ Discharge Patient

Physician Signature: _____ **Date:** _____

In signing this document, physician certifies that prescribed rehabilitation is a medical necessity.



DHR Health

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- ☐ 515 E. Bus. Hwy. 83, Ste. A, Alamo, TX 78516
Office: (956) 362-6705 • Fax: (956) 362-6710

OUTPATIENT THERAPY REFERRAL

☐ Appointment Date: _____

☐ Appointment Time: _____ ☐ A.M. ☐ P.M.

Patient Name: Mana G. Garza

DOB: 12/12/66 Phone: _____

Insurance/Payor Source: _____

Diagnosis: Finger sprain (R) index

DOI: _____ DOS: _____

Precautions: _____

☐ Physical Therapy Evaluate & Treat

☒ Hand Therapy Evaluate & Treat (OT Edinburg Location Only)

☐ Custom Splint: _____

☐ Scoliosis Rehab (Schroth) Evaluate & Treat (Alamo Location Only)

☐ Aquatic Therapy Evaluate & Treat (Alamo Location Only)

Frequency: ☐ Daily ☒ TIW ☐ BIW ☐ Weekly Duration: 4 weeks

☐ Other Instructions: _____

PHYSICIAN INFORMATION

In signing this document, Physician certifies that the prescribed rehabilitation is a medical necessity.

Physician's Signature: [Signature] Date: 4/15/24

Physician's Printed Name: Daniel J Guena MD