

IRO Express Inc.

An Independent Review Organization

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Amended Decision July 19, 2007

Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: JULY 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right index finger, hand, mass/tumor excision

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, 05/10/07

Peer reviews, 05/18/07 and 05/29/07

IRO Case Assignment from TDI (6/27/07)

Carrier Correspondence (No date)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly sustained a crush-type injury to the right hand. He presented with complaints of pain and the presence of a mass over the right index finger flexor sheath. Flexion in the MCP joint was limited and the neurovascular examination was intact. The impression was most likely a posttraumatic ganglion cyst. Surgical excision was recommended. The request for surgery was not approved and a review of the denial was requested.

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

The Reviewer agrees with the determination of the insurance carrier in this case. Surgical excision of the right index finger mass is not recommended as medically necessary at this time. A single office note with limited examination findings was submitted for review. The size of the noted mass was not documented. No imaging was provided.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates do not address excision of a mass

ACOEM Guidelines, Chapter 11. Page 271

Ganglion

Only symptomatic wrist ganglia merit or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to excise.

Campbell's Operative Orthopedics, 10th edition, S. Canale, Chapter 74, page 3797

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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)**
 - Campbell's Operative Orthopedics, 10th edition, S. Canale, Chapter 74, page 3797