

# IRO Express Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

OCTOBER 29, 2007

## **IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Outpatient surgery to release painful contacted scarring in right index finger

## **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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office note, xx/xx/xx  
Excision, Dr., 12/19/05, 08/10/06  
Right hand X-ray, 10/12/06  
Office note, 02/22/07  
Office notes, Dr., 03/12/07, 05/07/07, 07/25/07  
Functional evaluation, 06/20/07  
Letter to, 6/20/07  
Office note, 06/25/07  
X-rays hand wrist, 07/25/07  
Review for release, 08/02/07  
Review for surgery, 08/20/07  
No ODG Guidelines

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant underwent a micro repair of the artery, nerve, insertion of metallic pin and open reduction and internal fixation of the right index fracture and debridement on xx/xx/xx. On xx/xx/xx, Dr. performed an excision of a painful scar of the right index finger with tenolysis of the extensor tendon, repair of extensor tendon with a neuroplasty, release of radial nerve, release of radial nerve branches capsulectomy and removal of metallic pins. On 08/10/06, Dr. performed an excision of the right index finger scar with tenolysis of the extensor tendon and flexor tenolysis with tenosynovectomy of the flexor

tendon, neurolysis of the digital nerve times 2, open capsulectomy of the proximal interphalangeal joint (PIP), and PIP joint areas with palmaris longus tendon graft to extensor tendon mechanism and PIP joint arthroplasty with removal of bone spurs, and insertion of metallic pins. On 02/22/07, Dr. assigned the claimant a 7 percent whole person impairment rating. The claimant saw Dr. on 03/12/07. The examination revealed some improvement in flexion and extension, but there was still decreased range of motion with flexion and extension. There was some tenderness. Dr. felt the claimant was improving. Recommendations were massage, exercise, occupational therapy and medication.

The 05/07/07 examination revealed limited range of motion of the right index finger, tenderness to full flexion and limited full flexion especially with the PIP joint and the distal interphalangeal joint, (DIP). The diagnoses were complex fracture with tendon, nerve adhesion and a painful scar. Dynamic splinting was recommended. Dr. saw the claimant on 06/20/07 for persistent right hand and index finger pain. Dr. noted that the claimant had increased PIP rigidity almost with ankylosis and no more than 10 degrees of useful motion with significant flexion contracture. Dr. documented that the claimant had almost a boutonniere deformity and was starting to show extensor lag at the DIP joint. The claimant did have good strength and good grip. Dr. recommended Neurontin, Lexapro, Klonopin, Ibuprofen and Lortab. On 06/25/07, Dr. performed a required medical examination and recommended weaning off of Hydrocodone and Klonopin.

Dr. saw the claimant on 07/25/07 for complaints of inability to fully flex or extend, the inability to make a fist and a finger contracture. There was swelling of the index finger and the PIP joint was fused at a 55 to 60 degree angle. X-rays of the DIP joint that day showed scarring and tendon nerve adhesion. Dr. felt that the claimant could not improve with therapy alone. The diagnosis was contracture scar to the right index finger. The 07/25/07 x-rays of the hand and wrist showed interval removal of the pins from the index finger proximal phalanx and a residual deformity of the index finger proximal phalanx and PIP joint. Dr. has recommended a release of PIP joint, open capsulectomy with partial osteotomy of the proximal phalanx, neurolysis digital nerve, extensor tenolysis and flexor tenolysis, release of intrinsic phalanx as well as collateral ligament, capsulodesis with rotation skin flap from long finger to the index finger and full thickness skin graft to long finger from wrist with closure donor site, recipient site and rotation skin flap site by tissue rearrangements and application of splint

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

This unfortunate claimant certainly had a significant injury to the right index finger. Unfortunately, significant stiffness has developed. In fact, beyond soft tissue stiffness, the treating physician actually refers to the joints in this finger as “fused.”

Given the passage of over two years since the injury and the documentation that the injury has essentially “fused”, the Reviewer does not believe that the proposed procedures could be expected to improve hand function. The Reviewer would therefore agree with the prior reviews in this case.

Official Disability Guidelines Treatment in Workers’ Comp 2007 Updates, Hand, wrist and Forearm

Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen

**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)