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DATE OF REVIEW: 10/18/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Amputation right thumb at distal 3rd with full thickness skin graft

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Amputation right thumb at distal 3rd with full thickness skin graft	15240	Upon approval	Adverse determination Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Description of records	Date:
Authorization for medical treatment & Physicians notes –	08/20/07
Emergency room report –Hospital	08/20/07
Verification of care –Hospital	08/22/07
Letter regarding request for surgical procedure –MD	08/23/07
Utilization Review Request –	08/27/07
Letter regarding request for surgical procedure –MD	08/30/07
Utilization Review Notice of Determination – Adverse determination for amputation of right thumb at distal third with full thickness skin graft – Guidelines cited however criteria not included in determination -	08/30/07
Utilization Review Notice of Determination – Adverse determination for amputation of right - Guidelines cited however criteria not included in determination –	09/07/07
Position summary and documentation – Law office of	10/04/07
Office Visit –MD	10/09/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male. On xx/xx/xx, he cut the tip of the palmar of the right thumb with an electric saw. The area was irrigated with sterile saline and it was dressed with Surgicel and Neosporin to the digital block areas with tube gauze. There has been no surgery to the thumb. The wounds have been kept opened with dressing changes every two days. The clinical documentation states the claimant would not be able to utilize the right hand for two to three weeks.

The requesting physician, Dr., is requesting an amputation of the distal third of right thumb with full thickness skin graft.

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

Length preservation of a digit, especially the thumb, is important. The request to remove the distal third of the right thumb with full thickness skin graft is not reasonable or medically necessary for a traumatic chip amputation of the distal tip of the thumb.

ODG and ACOEM do not address thumb amputations.

Normally for loss of the pulp of the distal phalanx on the thumb distal flap advancement works well. In a young patient such as this patient with soft tissue loss of the distal 1/3 of the thumb, a distal pedicle flap from the opposite upper arm or the abdomen also works well (Boyes, J.H.; Bunnells' Surgery of the Hand, 1970 and Campbell's Operative Orthopedics, Vol 1, 10th ed., pgs 611-638, 2003).

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

Please note that the ODG guidelines do not address thumb amputations and therefore a secondary source was utilized as follows:

Campbells Operative Orthopedics, Bunnells Surgery of the Hand

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 10/18/2007.

