

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 4/2/2008  
**IRO CASE #:**

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

E1800: Dynamic adjustable elbow extension/flexion device, includes soft interface material  
E1825: Dynamic adjustable finger extension/flexion device, includes soft interface material

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from Hahnemann University and completed training in Orthopaedics at Drexel University College of Medicine. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/28/2006. This reviewer also completed an Orthopaedic Sports Medicine Fellowship from 8/2003-7/2004.

**REVIEW OUTCOME:**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

E1800: Dynamic adjustable elbow extension/flexion device, includes soft interface material	Upheld
E1825: Dynamic adjustable finger extension/flexion device, includes soft interface material	Upheld

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a female whose diagnoses included contracture of forearm joint and contracture of the hand joint. She sustained an injury to her right hand. Per notes provided, the injured employee had complications from treatment and was reported to have developed complex regional pain syndrome. The injured employee completed an outpatient interdisciplinary pain management program. She was reported taking Lunesta to help her sleep.

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

The dynamic adjustable elbow extension and flexion device including soft tissue interface material is not medically necessary and appropriate. There is no evidence in the medical records to substantiate an underlying contracture and soft tissue deficiency. She has the unfortunate diagnosis of having a burn wound, osteomyelitis, and chronic regional pain syndrome. However, upon the medical records available for review authored by Dr. there is no evidence of contractures about her elbow.

The medical necessity of dynamic adjustable finger extension and flexion device with soft tissue interface is not appropriate and reasonable with the diagnosis of burn wound, osteomyelitis, and chronic regional pain syndrome. It appears that she has a palpable defect clod in the right fourth and fifth fingers; however, neurological examination does not indicate an ulnar nerve palsy, which this is typically encountered in. There is no evidence of conservative measures including physical therapy or other modalities, which are more appropriate in treatment of this.

The requests are not medically necessary and appropriate for this injured worker. This is in accordance with the Official Disability Guidelines. Therefore, the previous denial is upheld.

**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  
**X** 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)