

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MAY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left ring finger amputation 26951

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

MD, 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.

The reviewer finds that left ring finger amputation 26951 is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 03/24/08, 04/21/08
X-ray, 11/28/07
X-ray left hand, 11/30/07
Office notes of Dr. MD, 12/20/07, 01/07/08, 02/05/08, 03/05/08
Patient history form 03/19/08
Request, 03/26/08
Progress Records, 2007-2008
Surgery Request 03/19/08
ODG Guidelines (Not provided)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX year old male with a left hand injury due to a saw accident that was reported to have occurred on XX/XX/XX.

The XX/XX/XX x-ray of the left hand showed post-traumatic amputation of the terminal phalanx of the left middle finger. There was an acute proximal phalanx fracture of the left middle finger. He also had middle phalangeal fractures of the left ring finger with 1.5 millimeter bony fragment in the soft tissues adjacent to the distal portion of the middle phalanx as well as 2.6 milimeter elongated metallic foreign body in the soft tissues of the proximal left ring finger. There was a corner fracture of the terminal phalanx of the left little finger extending to the DIP joint

The 11/30/07 x-rays of the left hand showed pin fixation of the severely comminuted fractures of the left fourth middle and distal phalanges. There was noted amputation of the left third distal phalanx with pin fixation of the middle phalanx.

The claimant was followed by Dr. post injury and surgery. He noted on the 12/20/07 visit that there was healing difficulty of the ring finger with no infection. On the 01/17/08 visit Dr. noted that there had been shortening of the ring finger. K wires were removed. By 02/08/08 Dr. indicated that the wounds were healing but not healed. Necrotic skin was noted on the tip of the finger and was débrided. A request was made on 03/19/08 for a revision amputation of the ring finger.

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

The reviewer finds that left ring finger amputation 26951 is medically necessary and reasonable based on the information provided and reviewed.

The claimant is now five and one-half months after his injury and was noted to have necrotic skin on 03/05/08. There was still a report of a “nonhealing tip” on 03/19/08. If the tip of the finger was not healed by that point, it would be usual practice for a revision tip amputation and soft tissue coverage as required.

This particular diagnosis and request are not addressed in the ODG guidelines. However, the reviewer referred to Green’s Operative Hand, pp. 1948-1949 in conducting this review.

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: Green's Operative Hand. Pp 1948-1949)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)