Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left index finger, ring finger, middle finger, small fingers MCP capsulotomy surgery to include 26520 times four.

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 medical necessity does not exist for Outpatient left index finger, ring finger, middle finger, small fingers MCP capsulotomy surgery to include 26520 times four.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old male who was status post left ulna fracture. The claimant was treated with a cast. On 12/26/07, Dr. noted that the ulna fracture was healed. The claimant continued to have pain with ulnar deviation. Dr. recommended an MRI of the left wrist. Dr. saw the claimant on 01/03/08 and noted that the MRI showed dorsal intercalated segment instability with the appearance of volar subluxation of the lunate. Dr. l referred the claimant to an orthopedic surgeon. Dr. saw the claimant on 01/29/08. The claimant had wrist tenderness and limited range of motion. X-rays and an MRI were reviewed. Dr. felt that the claimant had perilunate dislocation, degenerative

osteoarthritis, scapholunate dissociation, and a probable fracture through the capitate on imaging. Dr. recommended a fusion which was performed on 02/22/08. Dr. saw the claimant on 04/24/08. The claimant had stiffness of the little finger. Examination revealed decreased motion of his fingers with flexion to 60 degrees of each finger to the metacarpal phalangeal. X-rays showed the fusion was in good position with intact hardware with no loosening or breakage. Physical therapy was recommended. Dr. saw the claimant on 06/11/08. The claimant had very stiff fingers and was unable to make a fist. Range of motion of the MCP joints was from 0 to 60 degrees, 10 to 90 degrees at his DIP and about 5 to 25 degrees. The claimant had tenderness about the dorsal aspect of his MCP joints. Impression was continued hand stiffness as well as MCP capsular stiffness.

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

I agree with the previous reviewers that the metacarpophalangeal tightness noted on examination would not be expected from the reported "subtle" fracture of the left distal ulna. It does not appear from the records provided that the claimant sustained injuries to the hand otherwise, and specifically did not sustain injuries to the metacarpophalangeal joints.

An MRI of the wrist on 12/31/07 was noted to show concerns of a possible inflammatory process "such as rheumatoid."

Given the injury noted, and the concerns of an inflammatory process by MRI, the reviewer agrees with the previous reviewers that the requested surgery would seem to be more likely related to an inflammatory process rather than the previous distal ulna mild fracture.

Though the surgery may be reasonable to treat the claimant's diminished grip capability, it does not appear related to the claimant's vocational injury of xx/xx/xx according to the information provided. The reviewer finds that medical necessity does not exist for Outpatient left index finger, ring finger, middle finger, small fingers MCP capsulotomy surgery to include 26520 times four.

Official Disability Guidelines Treatment in Workers' Comp 2008 Updates does not address.

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)**

Greens Operative Hand Surgery, Fifth Edition, Volume, 1, Chapter 11, page 428.

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**