

## Notice of Independent Review Decision

**DATE OF REVIEW:** 8/7/2009

**IRO CASE #:**

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

Left Ringer Finger Hardware Removal, Outpatient

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from and completed training in Orthopaedics at. 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 7/11/2004 and currently resides in.

**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) |

Left Ringer Finger Hardware Removal, Outpatient Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Notice dated 7/20/2009
2. Request for a review dated 7/14/2009
3. Notification of adverse determination by MD, dated 6/25/2009
4. Notification of adverse determination by MD, dated 7/2/2009
5. Review summary by MD, dated unknown
6. Confirmation of receipt dated unknown
7. IRO request form dated unknown
8. Review summary by MD, dated unknown
9. Official Disability Guidelines (ODG)

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

The injured employee is a male who presents with a complication of orthopedic implant, left ring finger, with joint motion restriction. He injured the finger in xx/xxx and underwent open reduction internal fixation with a dorsal plate and screws at his proximal phalanx of the left ring finger in 10/2008. The injured employee has some paresthesias, numbness and tingling in his hand on the ulnar half of that hand that comes and goes and complains of the inability to move the finger and some pain at the site as well.

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

The injured employee had ORIF of a proximal phalanx ring finger fracture with a dorsal plate in 10/08. There are OT notes provided, the last of which was dated 1/6/2009, stating injured employee's potential and maximum ROM

Name: Patient\_Name

and function had not been reached yet. His PIP ROM was 75 degrees of Active flexion and 85 degrees of passive, while there was 0 degrees (full) passive extension. No mention made of painful hardware.

Clinic notes from 6/18/09 indicate the injured employee complained of paresthesias on ulnar half of hand and pain and decreased ROM.

A dorsal plate would not contribute to the paresthesias. The ROM is full passive extension, trouble actively extending it, but no number recorded. The injured employee had flexion of 50 degrees active and 90 degrees passive.

The injured employee has increased his ROM from last OT note and with full passive extension, contracture of extensor tendon unlikely.

The injured employee improved in motion from 1/09 OT note. In addition, hardware removal does not necessarily relieve the pain, as documented in ODG criteria. The denial of plate removal is upheld as the removal of a dorsal plate when there is full passive ROM would not improve ROM.

**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

**X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

Busam ML, Esther RJ, Obremskey WT. Hardware removal: indications and expectations. J Am Acad Orthop Surg. 2006 Feb;14(2):113-20.