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Notice of Independent Review Decision

DATE OF REVIEW: 12/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of arthroplasty of the right 3rd metacarpophalangeal (MCP) joint.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. He has been practicing for greater than 15 years and performs this type of service in his daily practice.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of arthroplasty of the right 3rd metacarpophalangeal (MCP) joint.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Orthopedic Surgery Group and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Orthopedic Surgery Group: Office Notes – 8/25/09 & 11/10/09; X-ray report – 11/10/09.

Records reviewed from: Denial letter – 10/12/09 & 11/20/09, Request for Treatment Authorization – 10/6/09 & 11/13/09; Denial Letter – 10/12/09 & 11/20/09; MD RME report – 6/17/09; MD office notes – 3/23/09-8/3/09; Orthopedic Surgery Group Pending Review report – 8/25/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Records reviewed included progress notes from Dr. dated xx/xx/xx and thereafter note painful “post-traumatic” arthritis in a male (at the MP joint) of the right long finger. Crepitus was noted on exam of the affected joint as was the detailed range of limited motion including joint contracture and malrotation. X-ray arthritis/ “advanced cartilage wear” and “bone on bone”, subluxation and instability were noted to be isolated to that affected MP joint to the exclusion of other joints of the hand. Medications, injections, and therapy were noted to have all failed. An arthroplasty of the affected joint was proposed.

The 10/12/09 dated non-cert letters from and were noted. The history of a prior metacarpal head fracture and repetitive motion power tool injuries was noted. The prior non-surgical opinions by Drs. and were referenced. The 11/20/09 dated letter denoting a non-cert opinion by a Dr. was noted. He noted the lack of presentation of the radiologist opinion of the x-rays. The 6/17/09 dated letter from Dr. was reviewed revealing a painful, tender, stiff and swollen MP joint. X-rays were not available for Dr. at his evaluation of the claimant. The review opinion by a Dr. documented an ODG indication for arthroplasty in “older” “low demand” patients with thumb CMC osteoarthritis and/or finger PIP arthritis with collateral ligament preservation. Records from Rehabilitation from Spring, Summer 2009 were reviewed, denoting painful tenosynovitis of the affected MP joint.

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

The claimant has documented post-traumatic arthritis of the MP joint, long finger, right hand. However, even allowing for the accuracy of the AP’s interpretation of the x-ray (despite the radiologists report not being provided), the claimant is not an individual that is expected to have low demand of an arthroplasty-replaced joint. In addition, clinical and radiographic instability-subluxation due to collateral ligament stress-strain over time has been documented by the treating provider. Therefore an arthroplasty would be at a significant risk of instability and failure due to increased stress on the bone-arthroplasty or bone- cement-arthroplasty interfaces. The combination of relatively moderate to high demand on the affected joint/arthroplasty in an individual of relatively young age and in an already collateral ligament deficient joint contraindicates an arthroplasty as proposed, as per ODG Guidelines below.

According to the ODG:

Indications for joint replacement of the finger or thumb:

- Symptomatic arthritis of the proximal interphalangeal joint with preservation of the collateral ligaments
- Sufficient bone support
- Intact or at least reconstructable extensor tendons

Contraindications:

- Lack of stability, e. g., as a result of rheumatoid arthritis or destruction of the ligaments caused by an accident
- Nonreconstructable extensor tendons
- Florid or chronic infection
- Lack of patient compliance

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