

- Fax Cover Sheet.
- Notice of Assignment of Independent Review Organization dated 2/10/09.
- Notice to . of Case Assignment dated 2/10/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 2/9/09.
- Request Form/Request for a Review by an Independent Review Organization dated 1/24/09.
- Notification of Reconsideration Determination Summary dated 1/20/09.
- Utilization Review Referral Sheet dated 1/13/09.
- Final Transcription results dated 1/6/09, 11/26/08.
- Notification of Adverse Determination Summary dated 1/2/09.
- Re-Assessment/Progress Report dated 12/26/08.
- Estimate of Units/Pre-Authorization Request Sheet dated 12/26/08.
- Review Summary dated 10/2/08.
- Follow-Up/Medical History Summary dated 10/22/08.
- History of Visit/Medical History Summary dated 10/7/08.
- Admission Record Sheet (unspecified date).
- IRO Decision Description Sheet (unspecified date).

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Crush injury, right index finger

Diagnosis: Open fracture of the right index finger.

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

This xx-year-old male had a date of injury of xx/xx/xx, when his right index finger came between rebar and slit chamber. The injury resulted in an open fracture of the middle phalanx, right index finger, and Dr. performed irrigation and debridement and closure of an open fracture. Dr. saw the claimant on October 22, 2008, noting radiographically acceptable alignment with some ulnar drift. The claimant was to start physical therapy. The December 26, 2008 progress note from physical therapy indicated he had attended 18 sessions over 10 weeks. The range of motion for the index finger was flexion was 87 degrees, extension 0, proximal interphalangeal (PIP) flexion was 80 degrees, extension 0. Distal interphalangeal (DIP) was 43 degrees flexion, 26 degrees extension. The assessment was that the claimant made good gains through range of motion and

pinch strength and would benefit from continued occupational therapy treatment for range of motion. The rationale for upholding the previous determination of the requested ongoing occupational therapy, was that the claimant had received 18 sessions, had adequate range of motion and at this time, should be capable of transitioning to a home exercise program. In addition, the Official Disability Guidelines for phalangeal fractures recommends 8 visits for minor fractures, and up to 16 visits for postsurgical treatment of complicated fractures. This claimant had received 18 visits, which this reviewer feels is more than adequate to treat the injury and the claimant should now transition to a home exercise program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. 6th Edition, (web), Hand – Physical therapy – Fracture of one or more phalanges.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).