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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/08/2009

IRO CASE #:

20254

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Lt Index Finger Fusion Injection 26860

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 3/26/09, 4/21/09

MD, 4/7/09, 3/10/09

Operative Report, 8/18/06, 8/19/06

MD, 1/29/09, 2/23/09

ODG-TWC, Forearm, Wrist & Hand

PATIENT CLINICAL HISTORY SUMMARY

This is a worker with a reported date of injury of xx/xx/xx when his hand was caught in an iron rod bending machine, sustaining a crush injury to the left index finger and left middle finger. He had an open fracture of the left index finger and a closed fracture of the middle finger. He underwent ORIF of the fracture of the proximal phalanx of the left index finger with repair of extensor tendon and splinting of closed fracture of the proximal phalanx of the middle finger. He had KY fixation apparently in near anatomical alignment. He had significant soft tissue disruption associated with this fracture. Subsequently he has been found to have a 17-degree radial deviation of the digit and underwent the open reduction internal fixation. He has crepitus within the joint and evidence of some early degenerative changes in the form of a subchondral cyst on the radial side of the head of the proximal phalanx. A request has been made for an arthrodesis as an arthroplasty is not felt to be of benefit in a laborer of this nature, and a release is unlikely to provide benefit, given the time since injury.

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

Given the explanation provided by the treating physician within his medical records, i.e. that there is now at this time 17 degrees of angulation radially and that there is early degenerative change secondary to the angulation, the alignment, therefore, is no longer satisfactory. As this patient is a and would not be a candidate for other types of procedures, the reviewer agrees with the treating provider that arthrodesis would be the most viable option for him. The provider has addressed and answered satisfactorily all of the issues within the ODG Treatment Guidelines. The reviewer finds that medical necessity exists for Outpatient Lt Index Finger Fusion Injection 26860.

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

ACOEM-AMERICA 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)