

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Mar/14/2009

### IRO CASE #:

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

Capsulectomy of the metacarpalphlangeal joint proximal interphalangeal joint & extensor tenolysis of extensor digit mini & extensor digitorum communist to the small finger flexor tenolysis of the digitorum profundus tendon & digitorum superficialis tendon right small finger closed manipulation of the right small finger at the digital interphalangeal joint.

### 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

Adverse Determination Letters, 12/17/08, 1/16/09

ODG Guidelines and Treatment Guidelines

Preauthorization Request, 12/11/08, 1/8/09

Surgical Center, undated

MD, 12/31/08, 12/1/08, 11/10/08, 5/14/08

### PATIENT CLINICAL HISTORY SUMMARY

This is a female who was injured on xx/xx/xx when she was breaking up a fight where she works. She had undergone an internal fixation of the right small finger and distal phalanx along with a neuroplasty of the ulnar digital nerve of the fifth finger and subsequently developed some stiffness. She has a significant flexion deformity of the right fifth finger, according to the medical records. She is now scheduled for Capsulectomy of the metacarpalphlangeal joint proximal interphalangeal joint & extensor tenolysis of extensor digit mini & extensor digitorum communist to the small finger flexor tenolysis of the digitorum profundus tendon & digitorum superficialis tendon right small finger closed manipulation of the right small finger at the digital interphalangeal joint.

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

Based on the medical records provided, this patient's fifth finger is in an unsatisfactory nonfunctional position. Based on the medical records provided for this review, and the reviewer's clinical expertise, the proposed surgery appears to be reasonable and medically necessary. This request meets the criteria established in the Official Disability Guidelines and Treatment Guidelines. The reviewer finds that medical necessity exists for Capsulectomy of the metacarpalphlangeal joint proximal interphalangeal joint & extensor tenolysis of extensor digit mini & extensor digitorum communis to the small finger flexor tenolysis of the digitorum profundus tendon & digitorum superficialis tendon right small finger closed manipulation of the right small finger at the digital interphalangeal joint.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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