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## Notice of Independent Review Decision

**DATE OF REVIEW:** 9/14/2009

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of the removal of implant; Deep (EG, Buried wire, pin, screw, metal band, nail, rod or plate); pin removal of the left third digit.

### **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. This reviewer has been practicing for greater than 10 years in this specialty and performs this type of procedure in his office.

### **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 disagrees with the previous adverse determination regarding the prospective medical necessity of the removal of implant; Deep (EG, Buried wire, pin, screw, metal band, nail, rod or plate); pin removal of the left third digit.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

, MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from : letter – 8/26/09, Denial letter – 7/24/09 &

8/13/09, Notice of Peer Review – 8/10/09, Pre-authorization request – 7/22/09, Reconsideration request – 8/6/09; Peer Review report – 7/24/09; Review report – 8/11/09 , MD Operative Report – 7/8/09, Patient Information Page – 2/3/09. Records reviewed form , MD: Office Notes – 4/7/09-8/18/09.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx year old male with left third digit injury resulting in ORIF that went to fibrous union and deviation. He underwent DIP fusion on 7/8/09 with planned hardware removal of pins 2 months later.

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

The ODG does not cover this procedure. However, according to Green's Operative Hand Surgery, this patient fits all the criteria and therefore this procedure is medically necessary. The finger hardware for fusion of DIP was always planned to be removed by surgeon at time of implant. Request was made in advance to avoid delay of treatment, but was not schedulable until approval, so date of removal was not linked.

**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)  
Green's Operative Hand Surgery, 4<sup>th</sup> Edition, Edited by DP Green MD, et al.