



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 01/26/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Right Index Finger Application External Fixation Device

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient Right Index Finger Application External Fixation Device – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Evaluation, OTR, 07/07/09
- Daily Treatment Note, Ms., 07/13/09, 07/24/09, 08/04/09, 09/01/09, 09/08/09, 09/29/09, 10/08/09, 10/14/09, 10/29/09, 11/05/09,
- Progress Note, M.D., 09/16/09, 10/14/09, 10/29/09, 11/05/09
- Denial Letter, 11/17/09, 11/30/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient underwent therapy for a crushing injury of the right index finger. Apparently he had undergone surgery and had good healing of the PIP joint of his index, but very little motion because of how much injury there was to the joint.

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

The outpatient right index finger application of external fixation device is not reasonable no medically necessary.

There is a lot of literature and discussion involving the proper treatment of post-traumatic contracture of finger joints. However, what is lacking is evidence for the treatment of post-traumatic finger contracture with distraction arthroplasty. There has been no study showing that this type of procedure, including application of an external fixation device to distract the joint, does any better than a simple tenolysis capsulotomy with excision of collateral ligaments. Thus, with no evidence in the peer review literature that a distraction arthroplasty does better than a simple tenolysis capsulotomy and collateral ligament excision, I do not believe that application of the external fixation device is medically reasonable and necessary.

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)**