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Notice of Independent Review Decision

**DATE OF REVIEW:** 5/21/10

**IRO CASE #:**

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

Capsulectomies, right ring and small

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

Board certified in Orthopedic Surgery; Fellowship-trained hand surgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)  
Overturned (Disagree)  
Partially Overturned (Agree in part/Disagree in part)

Description of review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 2/22/10  
Clinical notes, 2010 Dr.  
Rehabilitation notes 2010  
Operative reports 2/19/10, 1/13/10  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient initially suffered a fracture of the right ring finger in xx/xx. He developed contractures of the right ring and small fingers He underwent dorsal capsulectomies of the MP joints and extensor tendolyses of the extrinsic extensors to these fingers . He suffered immediate recurrence of the extensor contractures that did not respond well to therapy. Repeat capsulectomies have been requested.

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

I agree with the denial of the requested services. Although the requested services may ultimately be required again, the notes are very sparse in regard to physical examination and do not indicate that the patient has been fully worked up. The notes repeatedly state that the patient has clawing in the ring and small fingers without explanation, and no neurological examination is documented. Based on the inadequate documentation, the request is not medically reasonable and necessary at this time.

**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)