



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 11/08/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Exploration of left hand scar with possible neurolysis, scar revision, and possible full thickness skin graft

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI confirmation of receipt of IRO, 10/22/10
2. IRO request forms, 10/20/10
3. Unimed denial letters, 10/07/10, 10/19/10
4. TDI notice of Southwestern Forensics case assignment
5. URA records including surgery scheduling form
6. Preauthorization intake form
7. Notes from Science Center, orthopedic hand clinic, 09/29/10
8. Orthopedic Department records, 08/20/10, 07/13/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered a crush injury and open laceration to the left hand and was originally treated by Dr. with closure followed by scar revision many months later. The patient continues to have significant pain in the hand, and a new orthopedic surgeon has

recommended scar revision with possible neurolysis and full thickness skin graft. This has been denied by the insurance company.

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

The insurance company denied the request for surgery initially because of the lack of documentation of a neuroma such as a positive Tinel's test. The second denial was due to lack of ability to have a peer discussion. In reviewing the records, the patient does have a very thick, painful hypertrophic scar, and the note does document a positive Tinel's sign along the scar, causing classic electrical type symptoms. I believe that this documentation is adequate, and the request is medically reasonable and necessary. The insurance company's denial should be overturned and the requested procedures should be approved. They are medically reasonable and appropriate to assist in the care of this injured worker.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)