

SENT VIA EMAIL OR FAX ON
Oct/08/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left middle finger excisional biopsy

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

Board Certified Orthopedic Surgeon

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

OD Guidelines

OV 07/08/10, 07/20/10

Dr. office note 08/03/10, 08/20/10

Dr. letter 09/13/10

X-ray left hand 80/02/10

MRI left hand 08/19/10

Peer Review 08/31/10, 08/26/10, 09/20/10

Attorney Letter 09/29/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant with a reported left middle finger injury on xx/xx/xx when his finger was hit by an air drill at work. Pain in the left hand and a soft tissue mass of the left middle finger has been diagnosed. Examination revealed a soft tissue mass left middle finger above the middle phalanx. A left hand MRI performed on 08/19/10 showed a mass located within the deep soft tissues left long finger. Additional imaging was recommended to help determine composition of the mass. The treating physician recommended excisional or incisional biopsy be performed to determine the tissue type.

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

Review of the records provided supports the claimant is a gentleman, reported pain in the left hand, a mass in the soft tissues of the left long finger.

In this case, the request of left finger excisional biopsy, is medically necessary, as a diagnostic and potentially therapeutic modality acknowledging the medical records support the request to evaluate further and to help assess the differential between benign and neoplastic process.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, does not apply Milliman Care Guidelines. Inpatient and Surgical Care 14th Edition.
26116 Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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