

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 4, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP: Lt Median/ulnar nerve expl. w/ind. procedures

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

This physician is an Orthopedic/Hand Surgeon with 40 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On July 8, 2010, the claimant was evaluated by M.D. The claimant presented with a 3 cm vertical laceration, with a loss of sensation down the arm and inability to move his ring finger. As time moved on, it appeared that he did have sensation and could move his finger. On examination there was no tendon involvement, with evidence of muscle involvement. Impression: Forearm laceration.

On July 12, 2010, the claimant was re-evaluated by M.D. He had pain with the forearm going both proximal and distal in directions. Dr. stated the laceration probably got the flexor tendon on the fourth finger.

On July 28, 2010, the claimant was evaluated by M.D., an orthopedic surgeon. The claimant stated he has numbness in the ring finger and small finger and also incomplete motion and locking of the small and ring finger. Impression: Left forearm laceration with probable partial median or ulnar nerve involvement. Dr. recommended exploration surgery of the left forearm.

On August 3, 2010, the claimant was re-evaluated by, M.D. He still notes some numbness around the incision, his ring finger and small finger. Impression: Left injury to ulnar nerve.

On August 6, 2010, M.D., a physical medicine and rehabilitation specialist performed a utilization review on the claimant. Rationale for denial: EMG and NCV studies may be appropriate to do for this specific case to document and discrepancy in sensation. The acuteness of the injury, considering it is only less than 4 weeks from the date this case was reviewed, may not warrant immediate exploration, except for cases where there is an obvious documented nerve injury. Therefore it is not certified.

On August 24, 2010, D.O., an orthopedic surgeon. performed a utilization review on the claimant. Rationale for denial: No conservative treatment has been done like physical therapy or immobilization. The wrist motion is normal and motor and sensory functions are

intact. The objective response to pain medications given were not included for review. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the left forearm when he was cutting plastic with a knife when the knife slipped and cut his left arm.

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

The presence of numbness and decreased sensation and impaired ring finger flexion dictates that the forearm laceration be explored so that any nerve or tendon injury can be repaired. Ideally it is best done at the time of injury as secondary (delayed) repair may compromise the result particularly if the nerve laceration is partial. Loss of sensation is best documented by physical examination, not by EMG and NCV studies. Conservative treatment such as PT or immobilization would not be helpful in the nerve is lacerated. It needs to be repaired. Therefore, based on the above-mentioned the previous decisions are overturned.

Ref: Green's Operative Hand Surgery, 4th ed. Vol 2, pages 1381-1407.

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 KNOWLEDGBASE
- 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 *GREENS'S OPERATIVE HAND SURGERY, 4TH ED. VOL 2, PAGES 1381-1407.*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)