

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Excision of Cyst of Previously Amputated Left Thumb

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

MD, Board Certified in General 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Operative report dated 04/06/07

Clinical records Dr., 4/6/07-6/16/11

Operative report dated 01/19/09

Operative report dated 06/15/10

Utilization review determination dated 06/24/11

Utilization review determination dated 07/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left hand on xx/xx/xx. Records indicate the claimant was seen at local emergency department and was subsequently taken to surgery on that date. He is noted to have severe soft tissue degloving injury as well as severe injury to his foot and longus of the extensor tendon, damage to volar plate of IP joint, severe comminuted fracture of IP joint, severe contamination of wound and devitalized tissue. This ultimately resulted in amputation of the thumb. Postoperatively the claimant was seen in follow-up by Dr.. He is noted to have no evidence of fevers, chill or infection. He has improved sensitivity in his hand. Overall he is reported to be doing well and has improved in functionality. On 01/15/09 the claimant was seen in follow-up by Dr.. He is reported to have done well but developed what sounded like cyst on finger. Approximately 2 months earlier he expressed some seditious white fluid from it. This was tested and there was some staph, but he did not have any erythema. He was subsequently treated for this and had no problems. He had a small area on either side that was either epidermoid or cyst or possible nail remnant on radial side. He was recommended to undergo surgical intervention. On 01/19/09 the claimant was taken to surgery. The operative report indicates the cyst repaired as hard as a remnant nail. This was completely excised and showed epidermoid type tissue in this area and was completely removed throughout.

The wound was then irrigated and closed. When seen in follow up on 02/03/09 the claimant is doing well. He was subsequently discharged to follow up on a PRN basis. On 06/15/10 the claimant was returned to surgery at which time he underwent excision for a recurrent epidermoid cyst. A subsequent request has been placed for excision of epidermoid cyst of the left thumb. The initial request was reviewed on 06/24/11 by Dr. who non-certified the request noting that the claimant has already had two previous excisions with recurrence of the cyst. He notes at this time there is no tenderness documented or alteration of the claimant's ability to function due to the cyst. He opines that excision does not appear to be medically indicated or clinically necessary at this time.

An appeal request was reviewed on 07/21/11 by Dr. who non-certified the request noting that there is no documented documentation of pain interference with activity nerve compression or ulceration of mucous cyst. He notes with each recurrence wider margin has been excised.

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

The request for Excision of Cyst of Previously Amputated Left Thumb is not supported as medically necessary according to a review of the submitted clinical records. The records indicate that on the date of injury the claimant sustained a crush injury resulting in amputation of the thumb. The claimant was noted to have developed epidermoid cysts, which were excised twice with recurrence. The records do not contain any recent clinical notes establishing functional loss, describing the cyst or providing more detailed information regarding conservative management to establish the medical necessity for repeat surgery. This claimant has previously undergone two excisions requiring wider and wider margins, ultimately most likely resulting in a significant tissue defect requiring grafting. Given the lack of current supporting documentation the request for Excision of Cyst of Previously Amputated Left Thumb is not found by the reviewer to be medically necessary at this time.

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 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 (PROVIDE A DESCRIPTION)

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