SENT VIA EMAIL OR FAX ON
Dec/08/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
IRO Functional Hand Restoration of L Index Finger/Prosthesis

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

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a traumatic amputation of the left index finger at PIPJ as result of his finger being caught in conveyer belt on xx/xx/xx. The clinical records indicate the claimant was treated at Xxxx. The claimant was subsequently discharged and came under the care of Dr.. When seen in follow-up on 10/05/11 the
claimant is status post a left traumatic amputation of left index finger. He is noted to have left index finger pain at distal phalanx. He is reported to be doing a lot better but continues to have pain. He has been undergoing physical therapy with improvement. He has no swelling,

no effusion, and no atrophy. He has a smooth stump with hypersensitivity. MCP has 0-73 degrees active range of motion. It is noted the soft tissue has matured enough for prosthesis. On 10/11/11 the claimant presented for evaluation for functional prosthesis of left PIP. It was noted that the skin was healed without scabbing, and the distal end is slightly bulbous. He reported a sensory area in distal end. He has full range of motion strength in remaining joints. He is noted to work on production line and performs specific work related tasks that require maximum annular dexterity and function including tying knots with large ropes, typing, and using a computer to make charts and file procedures. He is further required to hold and utilize hand tools as well as driving with commercial driver's license. He subsequently is recommended for functional finger prosthetic device. He was provided ace bandage to provide slight compression to residuum and to reduce swelling. The claimant is noted to be very motivated to use prosthesis and requires a few days to be proficient in its use. The claimant was subsequently seen in follow-up by Dr. on 11/02/11. The claimant reports his pain is somewhat less than his last visit but reported it wakes him up a few times at night. He describes his pain as sharp and moderate. His pain levels are reported to be at worst 2/10. Symptoms are worse with bending, gripping, and light lifting. Physical examination indicates his condition is improving. He has no ecchymosis, no swelling, no effusion, no atrophy. He has full MCP motion with smooth stump and no hypersensitivity. He subsequently was opined to be at clinical maximum medical improvement and was working his normal job duties currently. The record contains a letter of appeal noting the claimant is expected to reach and maintain functional state within reasonable period of time with use of finger prosthesis. He is noted to be motivated to learn the use of his prosthesis.

The initial review was performed on 10/18/11 by Dr.. Dr. non-certified the request noting that there is no clear documentation that the patient will reach or maintain a defined functional state within reasonable period of time, and that the patient is motivated to use the limb, and medical necessity is not substantiated.

A subsequent appeal request was reviewed by Dr. on 11/22/11. Dr. notes that the claimant's work related tasks require maximum dexterity and function. He reported his is request for functional hand restoration of left index finger prosthesis to improve function, range of motion, and dexterity. He notes the patient's functional classification level is not specified which is needed to determine the patient rehabilitation potential and subsequently non-certified the request.

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

The request for left index finger prosthesis to functionally restore the hand is medically necessary. Therefore, the previous utilization review determinations are overturned. The clinical records clearly indicate the claimant sustained a traumatic amputation of the left index finger at PIPJ. He has undergone appropriate post injury conservative treatment. His stump is maturing. His occupation requires maximum manual dexterity. The clinical notes indicate the claimant is motivated to use left index finger prosthesis. Further, per records from the prosthetist, he opines the claimant will require several days to adjust to use of prosthetic finger and will return to normal lifestyle. There is sufficient clinical information contained in the medical record to establish the prosthetic device is medically necessary to improve claimant's functional state, and is therefore opined to be medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES