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Notice of Independent Review Decision

DATE OF REVIEW: 07/25/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Removal of hardware of the right index finger

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand 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)

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.

Removal of hardware of the right index finger - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with P.A. dated 05/08/11
Wound repair with Mr. dated 05/08/11
X-rays of the right hand interpreted by M.D. dated 05/08/11
Evaluations with M.D. dated 05/12/11, 05/27/11, 06/24/11, and 07/15/11
An operative report from Dr. dated 05/17/11
Preauthorization request forms from Dr. dated 06/13/11 and 06/17/11
A letter of non-authorization, according to the Official Disability Guidelines (ODG), from M.D. dated 06/16/11
A letter of non-authorization, according to the ODG, from, M.D. dated 06/23/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 05/08/11, Mr. performed wound repair to the hand, referred the patient to an orthopedist, and prescribed Cipro and Vicodin. X-rays of the right hand interpreted by Dr. on 05/08/11 showed a second middle phalanx and third distal phalanx fracture. On 05/12/11, Dr. provided a splint to the finger and recommended surgery. Right index and long finger surgery was performed by Dr. on 05/17/11. On 05/27/11, Dr. removed sutures and placed splints to the fingers. On 06/13/11 and 06/17/11, Dr. provided preauthorization requests for removal of hardware. On 06/16/11, Dr. wrote a letter of non-authorization for removal of hardware in the right index finger. On 06/23/11, Dr. also provided a letter of non-authorization for the removal of hardware from the right index finger. On 07/15/11, Dr. continued to request approval for hardware removal.

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

I have reviewed the documentation provided, including the previous non-authorization notices dated 06/16/11 and 06/23/11. However, the reference in these non-authorization notices from the Official Disability Guidelines (ODG) refers to stable internal fixation or hardware, such as plating. This patient has smooth K wires placed in their finger and not plating. Often times these K wires are prominent outside of the bone. The standard care for hardware is plates, which should stay in unless there is a specific problem with them as noted in the ODG. Specifically, in the hand it is possible for plates to cause tendon irritation, persistent pain, etc. However, smooth K wires are almost universally removed. K-wires and the recommendations for removing them are not specifically addressed in the ODG. Thus, I would agree with the treating physician that excision of the K wire is indicated at this time. Therefore, the request for removal of the hardware of the right index finger is reasonable and necessary and the previous adverse determinations should be overturned.

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 AND KNOWLEDGE BASE
- 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)