

SENT VIA EMAIL OR FAX ON  
Jun/13/2011

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/13/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OP Left Long Flexor Tendon Repair with tend. Graft and Hunter Rod Replacement

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

Board Certified 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**

OD Guidelines

1. Utilization review notice of adverse determination 04/22/11 regarding non-certification outpatient left long finger flexor tendon repair with tendon graft and hunter rod placement
2. Notification of reconsideration determination 05/24/11 regarding non-certification outpatient left long finger flexor tendon repair with tendon graft and hunter rod placement
3. Utilization review referral 04/19/11
4. Surgical Hospital orders, disclosure and consent of medical surgical procedures and outpatient surgery record 04/12/11, 10/19/10, 04/20/10, 03/09/10, 02/16/10
5. Clinic notes M.D.
6. X-rays left hand 04/20/10
7. Designated doctor evaluation M.D. 03/28/11
8. Utilization review referral 10/25/10
9. Designated doctor evaluation M.D. 06/28/10
10. Discharge summary 07/15/10 M.D.
11. Psych consult note 07/13/10
12. Utilization review referral 07/08/10 and 05/24/10
13. Operative report 11/02/10 removal of synthetic rod and placement of left plantaris tendon graft for staged flexor tendon reconstruction of left long finger
14. Operative report 07/11/10 irrigation and sharp excision of skin and subcutaneous tissue in muscle

15. Orthopedic / plastic progress notes M.D.
16. Operative report 07/08/10 regarding incision and drainage left forearm and abscess, deep
17. Orthopedic clinic note M.D.
18. Operative report 06/23/10 placement of synthetic rods for flexor tendon reconstruction, left long finger; A2 pulley reconstruction
19. Ortho trauma clinic note M.D.
20. Operative report 03/19/10 division and inseting cross finger flap
21. Operative report 02/24/10Irrigation and sharp excisional debridement of skin, subcutaneous tissue and muscle; A2 pulley reconstruction with use of Palmaris longus tendon graft; cross finger flap from ring finger to long finger; full thickness skin graft from left hip and groin area to left ring finger
22. Orthopedic consult note M.D.
23. Plastic surgery consult note M.D.
24. Utilization review referral 02/18/10
25. Ortho trauma clinic note M.D.
26. Operative report 02/02/10 irrigation and debridement left long finger tendon sheath; irrigation and debridement of left Palmar bursa

#### **PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee had a stab wound to the left long finger when a thin metal sheath pierced the palmar skin of his hand. The injured employee underwent multiple surgical procedures including irrigation and debridement for infections and left long finger tendon repair. Per clinic note dated 01/04/11, the injured employee was seen status post staged flexor tendon reconstruction. The injured employee underwent MRI to evaluate integrity of tendon flap. On physical examination there was no evidence of flexion at PIP or DIP joint, and there does not appear to be intact tendon flap. Wounds have healed well. Joint remains supple. MRI dated 12/30/10 did not demonstrate any tendon beyond level of MCP joint. Assessment was failed staged tendon reconstruction left long finger and recommendation was made for second attempt at tendon grafting which was recommended to be performed relatively quickly to avoid excessive scarring within the reconstructive tunnel. The injured employee was seen in follow-up on 04/12/11 and desires to proceed with surgery.

A utilization review performed 04/22/11 determined the request for outpatient left long finger flexor tendon repair with tendon graft and hunter rod placement was not certified as medically necessary. According to the reviewer, medical records indicate the injured employee had ruptured tendon repair. On physical examination of the left long finger there was a well healed scar with no evidence of active flexion or a functional tendon. Reported MRI findings included ruptured tendon graft located at level of MCP flexion crease. However, there is no documentation of full passive range of motion of digits and formal imaging report. Therefore, medical necessity was not established.

A reconsideration / appeal request was reviewed on 05/24/11 and determined to be non-certified. The reviewer noted per medical report dated 04/12/11 that the injured employee was seen in follow-up secondary to ruptured tendon repair. Physical examination of left long finger revealed well healed scar with no evidence of active flexion or functional tendon. There is no documentation provided with regard of failure of the injured employee to respond to postoperative evidence based exercise program and optimized pharmacological treatment. Official results of MRI were not submitted for review. Accordingly, medical necessity of the request was not fully established.

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

The request for OP left long finger tendon repair with tendon graft and hunter rod replacement is indicated as medically necessary. The injured employee is noted to have undergone multiple surgical procedures including staged tendon repair of the left long finger. Medical records indicate that the tendon flap was not intact. Physical examination revealed no evidence of flexion at PIP or DIP joint. MRI was performed on 12/30/10 and did not

demonstrate any tendon beyond level of MCP joint. While the MRI confirmed the failure of tendon graft, this is a clinical diagnosis made on physical examination which demonstrated no evidence of flexion at DIP or PIP joint. Accordingly, the proposed surgical procedure is supported as medically necessary as a second attempt for tendon reconstruction.

**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)