

I-Decisions Inc.

An Independent Review Organization

5501 A Balcones Drive, #264

Austin, TX 78731

Phone: (512) 394-8504

Fax: (207) 470-1032

Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgery of left hand multiple excision of scar 20680, rotation skin flap 15574, tissue rearrangement 8 x 2 14040, tenolysis extension tendon x 6 26445, decompression of radial nerve 64722, removal metallic pins x 9 20680, open capsulotomy MCPJ to the index, ring, long small 26520, manipulation to index, ring, long and small 26340 and application of splint 29125

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

MD, Board Certified Orthopedic Surgeon

Fellowship trained Hand Surgeon

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, Forearm, Wrist and Hand Chapter

3/4/11, 3/23/11

University Medical Center 1/31/11-3/10/11

M.D. 12/4/10-3/9/11

PATIENT CLINICAL HISTORY SUMMARY

The patient had a severe crush / open injury to the hand requiring surgical debridement and multiple pin fixation of open metacarpal fractures. The surgeon is now requesting Surgery of left hand multiple excision of scar 20680, rotation skin flap 15574, tissue rearrangement 8 x 2 14040, tenolysis extension tendon x 6 26445, decompression of radial nerve 64722, removal metallic pins x 9 20680, open capsulotomy MCPJ to the index, ring, long small 26520, manipulation to index, ring, long and small 26340 and application of splint 29125. This surgery was requested approximately 6 weeks post surgery as the radiographs show adequate healing.

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

This patient is now just five months post injury. The ODG would support the removal of the

pins and continuation of an aggressive hand therapy program at this juncture. However, Tenolysis, skin flaps, and nerve decompression are not indicated as per the guidelines at this point in time. The request as a whole is not indicated at this time. The ODG criteria is not satisfied. The reviewer finds there is no medical necessity for Surgery of left hand multiple excision of scar 20680, rotation skin flap 15574, tissue rearrangement 8 x 2 14040, tenolysis extension tendon x 6 26445, decompression of radial nerve 64722, removal metallic pins x 9 20680, open capsulotomy MCPJ to the index, ring, long small 26520, manipulation to index, ring, long and small 26340 and application of splint 29125. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)