

INDEPENDENT REVIEWERS OF TEXAS, INC.

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DATE OF REVIEW: 09/13/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Medical necessity for 26116-Left Middle Finger Mass Excisional Biopsy

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Peer review dated 08/31/10
2. Peer review dated 08/02/11
3. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xxxx. He sustained a bruise strain to the left middle finger.

On 07/08/10, the employee was seen for examination. At that time, the claimant had persistent swelling along the middle phalanx of the radial aspect of his middle finger. He was assessed as possible posttraumatic ganglion cyst and measured 1 x 2 cm directly over the radial aspect of the volar middle phalanx

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

Analysis of peer reviews dated 08/02/10, 08/31/10, and 08/02/11 indicates that medical documentation submitted did not include updated imaging studies. Initial review indicates no documentation was submitted regarding the employee's conservative

treatments related to the ongoing cyst. The original review indicated that lacking cyst, the requested excision of the cyst did not meet medical criteria. On secondary review, it indicated that after the injury, the employee developed an epidermal inclusion cyst which has progressed slowly.

The employee underwent excisional biopsy on October of 2010. Imaging findings of 08/19/10 of left hand MRI identified a 22 mm x 10 mm mass located within the deep soft tissues wrapping around the radial and palmar aspect of the middle finger at the level of the middle phalanx. Medical records submitted for this review did not indicate significant pathology affecting the employee's function. There is no clear and recent documentation of the employee's current functional deficits. In addition, imaging results predated the most recent surgery. Therefore, the medical necessity of the request was denied. Based on the medical records submitted for this IRO, there does appear to be a lack of significant documentation of this employee's symptoms at this point and time. There was a note indicating that the claimant is having difficulty utilizing his hand on his job. However, there was a lack of significant objective data indicating deficits and range of motion or deficits in strength or deficits in sensation. There was lack of significant data to indicate how much pain the employee is in at this point and time.

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

Official Disability Guidelines, Forearm, Wrist & Hand Chapter
Surgery for ganglion cysts

Recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. (Singhal, 2005) (Nielsen, 2007)