MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 4-10-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of left hand long finger I&D/Exploration 26075, 26080, 26010, 26011, 26020.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of left hand long finger I&D/Exploration 26075, 26080, 26010, 26011, 26020.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
These records consist of the following:

paperwork including reviews 3-16-2012 and 2-29-2012

reports 2-20-2012, 2-8-2012, and 1-18-2012
Surgeries or Procedures to be scheduled 2-20-2012
reports 3-16-2012 and 2-29-2012
A copy of the ODG was not provided by the Carrier or URA for this review

PATIENT CLINICAL HISTORY [SUMMARY]:

The treating provider's patient's left long fingertip sustained an open puncture wound. It remained open for a 2 month period. A CT scan revealed no evidence of foreign body retention. On 1 18 12, the patient's fingertip remained painful and very hypersensitive to touch, and discolored. There was a consideration for an incision and drainage and exploration. The 2 20 12 dated note discusses that a prior CT scan had not revealed evidence of an abscess. Extreme sensitivity to direct palpation of the fingertip (under the nail bed) was again noted. All other examination findings were normal. The provider indicated that there is a possibility of a residual small foreign body and/or occult infection. Therefore, the rationale for the proposed surgical interventional was elucidated as based upon the preceding findings and the failure of desensitization and the passage of time. The patient is status post injury. The denial letters discussed the lack of corroborative imaging support for an abscess and/or foreign body.

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

Recommend approval of the requested service. With the significant persistent pain and the examination findings of hypersensitivity, there was/is an indication for the proposed procedure. The provider's patient has undergone treatments with NSAIDS and local massage/desensitization. The lack of corroborative imaging studies does not preclude that the painful hypersensitive digit has a pain generator plausibly associated with occult infection, foreign body or even reactive granulation tissue or fibrosis. Therefore, surgical incision and drainage/debridement/repair is a reasonable and medically necessary treatment protocol and should be certified.

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 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)