SENT VIA EMAIL OR FAX ON
Apr/20/2012

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ORIF Right 4th Metacarpal

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

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Request for IRO dated 04/09/12
Utilization review determination dated 03/27/12
Utilization review determination dated 03/23/12
Letter of appeal dated 04/05/12
Radiographic report right hand dated 01/23/12
Letter dated 03/26/12
Letter dated 03/20/12
Physical therapy treatment records
Clinical records dated 01/23/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. It is reported he fell on his right hand sustaining a crush injury. Radiographs performed at this visit noted fracture of proximal phalanx of right index finger which is closed, displaced and angulated. There is non-displaced open fracture of 4th metacarpal. The claimant was subsequently referred to a hand specialist. Per letter, the claimant sustained a crush avulsion laceration of right hand with open fracture. He requested preauthorization for ORIF of right 4th metacarpal. Per note dated 03/26/12, it is noted the claimant has had repair of index finger and now noted to have displaced fracture with pain and swelling of ring finger. He subsequently is again recommended to undergo ORIF of right 4th metatarsal. The record contains a radiographic report dated 04/04/12 which notes a right 4th metacarpal fracture is

again noted. There is minimal dorsal displacement of distal fracture fragment and dorsal apex angulation not present previously. There is surrounding callus. The fracture plane remains visible indicating complete bony union. He notes there has been hardware fixation of fracture of proximal phalanx and second finger. Fracture alignment is anatomic. There is a very minimal degree of callus. The fracture plane remains clearly visible.

The initial review was performed on 08/23/12. non-certified the request. He notes the claimant is noted to have undergone x-ray of right hand. However, there is lack of evidence of original x-ray report submitted for review to indicate necessity for ORIF. He noted per Official Disability Guidelines ORIF is recommended when radiographic evidence indicates displaced fracture or comminuted fracture or open fracture with bone protrusion. He subsequently non-certified the request.

The appeal request was reviewed by on 03/27/12. notes that this was a request that was previously denied by due to a lack of imaging evidence. A telephone consultation was performed with. The case was discussed. He stated the claimant had another injury and displaced fourth metacarpal and he would fax the radiologist report. No additional documentation was received at the time of submission and subsequently the non-certification remained in place.

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

The request for ORIF of the right fourth metacarpal is recommended as medically necessary and the previous utilization review determinations are overturned. Imaging studies dated 04/04/12 indicate that there has been development of minimal dorsal apex angulation and dorsal displacement of the distal fracture fragment. While there is surrounding callus, the fracture line remains visible indicating a complete bone union which is clearly an indication for the performance of the procedure. As such there is sufficient clinical information to establish the medical necessity of the request.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES