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NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Dec/05/2012

DATE NOTICE SENT TO ALL PARTIES: Dec/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1) X-Finger System 2) Test Socket, 3) CUSTOM SILICONE LINER SOCKET 4) Custom Glove

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

M.D., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the request for 1) X-Finger System 2) Test Socket, 3) CUSTOM SILICONE LINER SOCKET 4) Custom Glove is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 09/26/12
Receipt for request of IRO dated 11/15/12
Utilization review determination dated 09/05/12
Utilization review determination dated 10/16/12
Prosthetic estimate dated 08/16/12
Letter of appeal dated 09/26/12
Designated doctor evaluation dated 10/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work-related injuries. It is reported that on the date of injury, he was trying to tighten a conveyor belt when his finger made contact with the feed roll machine and the pressure of the machine severed his pinky finger on his right hand and deeply lacerated the right ring finger. The claimant was subsequently seen by Dr. and was taken to surgery where he underwent a right hand small finger amputation and right ring finger debridement with repair of the extensor tendon x2.

On 06/26/12, the claimant was returned to surgery and underwent a split thickness skin graft of the right ring finger. Postoperatively, the claimant was seen in follow-up on 09/07/12. He was noted to have almost full passive motion of the ring finger with fairly good extension. There is lumbrical plus deformity of the ring finger. The claimant was returned to surgery on 09/27/12 at which time he underwent a tenolysis of the flexor digitorum superficialis and flexor digitorum profundus with a digitorum profundus tenotomy to the right ring finger. Postoperatively, the claimant was again referred for occupational therapy and was noted to be making improvement. The patient was seen by designated doctor on 10/26/12. Dr. found that the claimant had reached clinical maximum medical improvement. He notes the amputation of the right little finger at the PIPJ with a laceration crush injury to the right ring finger. He notes that the claimant continues to receive therapy but would not anticipate more than a 3% improvement. He was given a 7% whole person impairment.

The record contains a letter of appeal dated 09/26/12. It is noted that the request is for partial finger cable-operated prosthesis of the upper extremities and that the claimant's vocation requires the need for a body part prosthesis. It is reported that the claimant's 4th digit is affected by the injury, causing insufficient range of motion, and that the prosthesis will assist in a functional grasp pattern needed to complete the activities of daily living.

The initial review was performed on 09/05/12. Dr. non-certifies the request noting that a comprehensive report from the requesting provider was not available for review. He further cites there is no data regarding motivation to learn to use the limb or that the requested prosthesis is incident to physician services and as such, non-certifies the request.

The appeal request was performed on 10/16/12. Dr. non-certifies the request, again noting that a comprehensive medical report from the requesting provider was not available for review. He notes that there is no functional analysis of the affected hand or provider insight regarding the anticipated benefits from the prosthesis. A peer-to-peer was conducted with Dr. on 10/15/12. Dr. indicated that he did not envision a functional benefit from the requested prosthesis as it would be cosmetic only. Dr. finds that with this information, the patient would not perceive a functional benefit other than Cosmesis and recommends non-certification of the prosthetic device.

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

The submitted clinical records indicate that the claimant sustained a traumatic amputation of the right 5th finger at the PIPJ and a crush injury with laceration of the tendons involving the right ring finger. Records indicate that the claimant has undergone multiple surgeries in regards to the right ring finger and has some functional use of his digit. The thumb, index, and middle finger remain intact and therefore the claimant has opposable grip. The claimant has been seen by a designated doctor and placed at clinical maximum medical improvement. Per a telephone consultation with Dr. there is no perceived functional benefit from the provision of a prosthetic device and that no functional benefit will result. The request is purely cosmetic in nature. Therefore, given the information as provided by Dr. and noting that no potential functional benefit will result, the prior utilization review determinations are upheld and the reviewer finds the request for 1) X-Finger System 2) Test Socket, 3) CUSTOM SILICONE LINER SOCKET 4) Custom Glove is not medically necessary per the Official Disability Guidelines.

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)