



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

January 30, 2012

**DATE OF REVIEW: 1/27/2012**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The revision amputation of the left index finger.

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

Texas State Licensed MD Board Certified Plastic Surgeon.

**REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]**

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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 1/13/2012,
2. Notice of assignment to URA 1/12/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 1/13/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 1/13/2012
6. Letter from Workers Comp 12/29/2011, progress notes from recovery clinic 02/03/2011, 01/28/2011, 01/26/2011, 01/25/2011, 01/21/2011, 01/10/2011, 01/06/2011, 01/04/2011, 12/14/2011, daily activity sheet 12/14/2011, Letter from Workers Comp 12/15/2011, authorization for proposed surgery 12/12/2011, progress notes from recovery clinic 12/08/2011, 12/07/2011, 12/06/2011, 12/05/2011, medical report 12/02/2011, progress notes from recovery clinic, 11/21/2011, medical report 09/26/2011, medical notes 9/19/2011, 04/04/2011, 03/15/2011, 1/26/2011, progress notes from recovery clinic, 12/23/2010, 12/21/2010, 12/20/2010, medical notes 12/17/2010.
7. ODG guidelines were not provided by the URA



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### **PATIENT CLINICAL HISTORY:**

This patient is a right-hand dominant male, who sustained an avulsion traction-type injury to the left index finger while using a drill and a gloved hand on xx/xx/xx. He was seen at Hospital in xx. Dr. was asked to evaluate and treat. A revision amputation due to non-salvagability of the index finger was completed at the proximal interphalangeal joint level and appears to be successful. It is documented that on April 14, 2011, December 6, 2011, and December 2 through December 17, 2011, this patient is still having chronic pain to the index-finger amputation stump with palpable proximal phalanx at the amputation stump with a Tinel sign that is positive with the ulnar border. The patient continues to have chronic pain. The pain and recovery clinic, state that the pain the patient inhibits in his hand and index-finger function has caused a decreased range of motion at the metacarpophalangeal joint.

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

Individuals that have exhausted physical therapy, have exhausted pain management, and have been compliant with rehabilitation protocols but have continued pain at amputation stumps resistant to pharmacotherapy, including Ultram, Lyrica, and Cymbalta, would greatly benefit with a ray amputation or a revision amputation to the index finger with proximal placement of digital nerves and more stable distal soft-tissue coverage. This surgery, if successful, would allow this patient to return to normal activities of daily living, as well as, in time, gainful employment, hopefully with improved range of motion and no pain.

With reviewing documentation, x-rays would not be beneficial in solving this patient's problems, and most likely these x-rays will only show osteopenia and an amputation stump distal end of the proximal phalanx without adequate distal soft tissue coverage, and it would not change the course of management, which includes a revision amputation, as discussed above.

After reviewing the medical documentation, the references cited, and the standard of care and practice for plastic surgery, the revision amputation is considered medically necessary for this patient; therefore, the insurer's denial is overturned.

### **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



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- 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)**

### **REFERENCES:**

1. Erika Davis Sears, MD; Kevin Chung, MD, MS. Journal of Hand Surgery (April 2011), 36 (4), pg. 686-694. "Replantation of Finger Avulsion Injuries: A Systematic Review of Survival and Functional Outcomes."
2. Warren C. Hammert, MD; Martin I. Boyer, MD; David Bozentka, MD; Ryan Patrick Calfee, MD. ASSH Manual of Hand Surgery, "Amputations and prosthetics, chronic pain syndromes," pp.58-65, 79-93. Lippincott, Williams & Wilkins 2010.
3. David P. Green, Scott W. Wolfe, MD, Robert N. Hotchkiss, MD, William C. Pederson, MD. Green's Operative Hand Surgery, 5th Edition, Churchill Livingstone 2005. "Amputations." pp. 48-95.