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Notice of Independent Review Decision

DATE OF REVIEW: 2/13/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an outpatient left small digit amputation (26951, 26952).

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. The reviewer has been practicing for greater than 10 years.

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 agrees with the previous adverse determination regarding the prospective medical necessity of an outpatient left small digit amputation (26951, 26952).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Medical Center and Dr..

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 9/22/11 admission face sheet, 9/13/11 admission history, 9/22/11 history and physical update note, 9/22/11 acute pain consult, 9/22/11 phys exam, assessment and plan report, 9/22/11 discharge order, 9/22/11 surgical documentation reports, 9/22/11 brief operative report, preoperative evaluation form 9/21/11, 9/22/11 anesthesia record, 9/22/11

peripheral nerve block report, 9/22/11 operative room record, 9/22/11 nursing diagnoses based care plan, 9/22/11 OR controlled substance sheet, 9/22/11 PACU reports, 9/21/11 preoperative instruction form, 9/22/11 preoperative outpatient surg records, discharge medical reconciliation form, discharge med list, 9/22/11 physician orders, MRSA standing delegation orders, 9/22/11 post-operative admission orders, 9/22/11 pt controlled analgesia orders, 9/13/11 orthopedic orders, 9/23/11 physician progress orders, interdisciplinary care plan notes, vital signs documentation 9/21/11 to 9/23/11, nursing assessment notes 9/21/11 to 9/23/11, 9/22/11 lines and drains notes, IO documentation 9/22/11/ to 9/23/11, "other nursing documentation" notes, nursing admission documentation, 9/22/11 PCA controlled substance documentation, medication monitoring documentation, nursing assessment/care documentation 9/22/11 to 9/23/11, nursing pain assessments 9/21/11 to 9/23/11, nursing pt safety 9/21/11 to 9/23/11, nursing treatment and procedure notes 9/22/11 to 9/23/11, universal protocol checklist, by UMC, nursing vital signs/measurements, I&O's/ADL's forms 9/22/11 to 9/23/11, 9/22/11 cardiac monitoring report, 9/22/11 disclosure and consent for anesthesia and surgical procedures, scheduled meds form, medication profile 12/9/11, 9/22/11 microbiology report, 9/22/11 diagnostic x-ray report and an occupancy of household form.

: 1/31/12 letter by 11/10/11 denial letter, 12/13/11 denial letter, 8/18/10 left hand x-ray report, 8/20/10 left hand x-ray report, 8/18/10 office notes, 8/24/10 to 12/2/11 progress notes, 12/14/10 nurse intake report by Physicians, 9/13/11 to 2/15/11 ambulatory visit forms, 9/21/11 to 10/21/11 orthopaedic clinic notes by MD, 9/22/11 operative report, 9/7/10 left hand 3 view x-ray series report, OT treatment notes 10/4/10 to 11/2/10, 10/18/10 and 11/3/10 OT hand reassessments, and a MD 8/25/11RME report.

Dr.: 11/29/11 letter from, 11/8/11 PLN 11, 11/19/11 letter by, and 11/4/11 and 12/2/11 surgeries to be scheduled forms.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured xx/xx/xx when he sustained multiple injuries to his left upper extremity. The patient sustained an open fracture of the proximal phalanx of the small finger, shaft fracture of the ulna and dislocation of the radial head at the elbow. The patient underwent treatment of the crush fracture with ORIF of the ulna fracture radial head repair and collateral ligament repair at the elbow and closed treatment of the proximal phalanx fracture of the small finger and a fasciotomy for compartment syndrome of the left forearm. Subsequently the patient did require further surgery for attempted treatments of a resultant nonunion of the ulna and flexion contracture of the PIP joint of the small finger. The multiple surgeries to treat the flexion contracture have failed with ongoing deformity interfering with the patient's activities of daily living. The prior appeal review recommended non-certification of the requested amputation of the LEFT

small finger as the medical records failed to document the status of the proximal phalanx fracture.

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

After extensive review of the medical records provided there was not a follow-up discussion as to the status of the proximal phalanx fracture. Although one would assume it hadn't healed due to the types of treatment the patient received both surgically and by physical therapy, one cannot assign the current condition of the phalanx fracture. A search of the ODG guides indicates that a small finger amputation is not covered within its treatment guidelines. Therefore, Wheelless' Textbook of Orthopedics, Campbell's Operative Orthopedics as well as a Guideline from the National Guidelines Clearing House were utilized as references.

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) Wheelless, C et al, Wheelless' Textbook of Orthopedics, Amputation of the Finger and Hand, June 14, 2011.

Canale, S, Campbell's Operative Orthopedics, 11th Edition, pg 655.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-188.