



Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 12/23/11

**IRO CASE #:**

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

Op Rt ring finger FDS/FDP Tenolysis (26442)

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering hand injuries

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
842	26442		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment.
2. Letters of denial 11/11/11 & 12/01/11, including criteria used in the denial.
3. Operative orders – no date.
4. Orthopedic exams 09/14, 09/23 and 10/20/2011.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who suffered a jamming injury to his right hand on xx/xx/xx. He suffered severe swelling of the hand including blistering. He has subsequently developed difficulty with range of motion of the ring finger felt to be attributable to adhesions between the flexor digitorum profundus and flexor digitorum sublimis. The exact location of the adhesions is not clear.

The patient has a history of distal radius fracture and possible right wrist fusion. The exact location of the adhesions is not well documented. Additionally, there is mention that the patient's inability to achieve further flexion of the ring finger has been persistent in spite of physical therapy. There is no documentation of the number of physical therapy sessions and the ability of the patient to cooperate with stretching exercises. Furthermore, MRI scan has been performed, but the formal report of the MRI scan is not present. The request to preauthorize flexor digitorum sublimis/flexor digitorum profundus tenolysis has been considered and denied; it was reconsidered and denied.

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

The exact nature of this patient's failure to achieve flexor digitorum profundus function is not clear. The location of adhesions is not clear. The integrity of the flexor system is not well documented. The extent to which physical therapy has been utilized and the extent to which the patient has cooperated with a vigorous physical therapy stretching program is also not well documented. It would appear that the previous denials of this request to preauthorize tenolysis between flexor digitorum profundus and flexor digitorum sublimis were appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)