



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 1-6-12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left reduction distal P3 bone to single base fragment 26951

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

American Board of Orthopaedic Surgery-Board Certified

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 6-28-11 Surgery performed by MD.
- 10-11-11 MD., office visit.
- 10-31-11 Physical therapy reevaluation.
- 11-1-10 MD., office visit.
- 11-2-11 MD., office visit.
- 11-4-11 UR performed by MD.
- Physical therapy on 11-8-11 and 11-23-11.
- 11-9-11 UR performed by MD.
- 11-15-11 Physical therapy re-evaluation.
- 11-28-11 MD., office visit.
- 11-30-11 physical therapy reevaluation.
- 12-5-11 MD., office visit.
- Physical therapy on 12-6-11.
- 12-7-11 Easy script for physical therapy 3 x 2.

PATIENT CLINICAL HISTORY [SUMMARY]:

6-28-11 Surgery performed by MD: Left index debridement of open fracture distal phalanx, left index ORIF of distal phalanx fracture, left index repair of nail matrix.

10-11-11 MD., the claimant reports swelling and pain in the index finger. The evaluator reported that the claimant has the expected findings of a crushed digital tip in terms of numbness and pain in the zone of the digital tip. A difficult to answer question is whether or not the distal fragment seen on x-ray is playing an independent role in generating pinch pain at the tip above and beyond the general pain of crushed tissue. It is not easy to discriminate between the two scenarios. The person best able to make that distinction is the person who feels the pain. The evaluator showed him the anatomy and the concepts and having him to try to make that analysis. If he concludes that the fragment is an independent source of pain, then there is benefit in having it removed. If not, then leave it as is.

10-31-11 Physical therapy reevaluation.

11-1-10 MD., the claimant reports severe pain and swelling in the left index finger. On exam, his surgical wound is healing normally. The swelling is minimal. Wound margins are viable. X-ras on 9-13-11 showed tuft fracture with no hardware in alignment. X-rays on 10-11-11 showed distal fragment of tuft of P3 does not appear united fully to base. X-rays on 11-1-11 showed small fragment at tip of P3 has fibrous union. Treatment options were given. The claimant requested that a surgical procedure be performed. The evaluator recommended reduction distal P3 bone to single base fragment debridement. Comments: From his point of view as a hand trauma specialist, the collective experience is that fibrous unions of tuft fragments are typically not considered symptomatic in their own right and symptoms that the patients have long term are driven far more by just the injury effects in general of crushed tissue and crushed small terminal nerve branches, in other words, factors that cannot be altered after the moment the injury occurred. Sometimes patients become of the belief that small bone fragments distally are an independent source of pain and ask to have them removed. If the patient has done his homework carefully in terms of detecting the pain patterns, then there can be value in fragment removal. The claimant was tasked with this analysis last time and returns today to make his choice of how he wants to proceed. He states he is certain that he wants excision.

11-2-11 MD., the claimant is seen for followup he reports no improvement in his pain. He has surgery on 11-9-11 and followup with Dr. on 11-28-11. Recommendations: Continue with physical therapy, Voltaren, keep appointment with Dr..

11-4-11 UR performed by MD., notes the request for a left reduction of a distal P3 bone to a single base fragment is non-certified. The documentation submitted for review elaborates the patient complaining of ongoing left index finger pain. A reduction of the distal bone to a single base fragment would be indicated provided the patient meets specific criteria to include imaging studies confirming the patient's significant clinical findings. The clinical note does mention the patient having previously undergoing an x-ray revealing distal fragment; however, the x-ray results were not submitted in the

documentation. Given the lack of imaging studies confirming the patient's significant findings, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

Physical therapy on 11-8-11 and 11-23-11.

11-9-11 UR performed by MD., notes he contacted the number listed and left a message for a return call on voice mail. The evaluator reported that based on the records provided, the urgent appeal for left reduction of distal P3 bone to a single based fragment, is not certified. He reported that this has not been identified as a pain generator specifically. He reported that current peer reviewed literature indicates that management of tuft fractures should be handled in a conservative fashion unless they appear to be independent pain generators.

11-15-11 Physical therapy re-evaluation.

11-28-11 MD., the claimant reported he smashed his left hand index finger with a crane. The claimant reports persistent pain. On exam, the claimant's vascular exam is intact. Edema is decreased, bruising has resolved. Range of motion has remained the same. The claimant has tenderness to palpation over the DIP joint. Muscle strength grip testing is increased. X-rays are positive for open fracture of distal left index finger. Plan: Continue physical therapy, medications: Voltaren and Ultracet. The claimant si to followup with Dr..

11-30-11 physical therapy reevaluation.

12-5-11 MD., the claimant reports injury-pain level 7/10. The claimant reported surgery was denied. The claimant reports numbness and tingling has remained the same. His pain has remained the same. Grip strength has remained the same. Swelling has decreased. On exam, edema has decreased. Bruising resolved. Range of motion remains the same. Muscle testing grip strength increased. X-rays showed open fracture of distal left index finger. The evaluator recommended continuing physical therapy, prescription for Voltaren and Ultracet given. The claimant is to continue with home exercise program.

Physical therapy on 12-6-11.

12-7-11 Easy script for physical therapy 3 x 2.

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

THE REQUEST IS FOR REMOVAL OF BONE FRAGMENTS OF THE DISTAL TUFT. THIS IS RARELY NEEDED AFTER P3 FRACTURE. IT WILL LIKELY NOT CHANGE THE PATIENT'S FUNCTIONAL LEVEL BUT MAY HELP TO DIMINISH HIS ONGOING PAIN. THE SURGERY MAY HELP DECREASE THE PAIN LEVELS BUT THIS IS NOT

A GUARANTEE. BASED ON THE RECORDS PROVIDED, THE REQUEST FOR LEFT REDUCTION DISTAL P3 BONE TO SINGLE BASE FRAGMENT 26951 IS REASONABLE AND NECESSARY DUE TO HIS ONGOING PAIN.

Plastic Surgery for Phalangeal Fracture and Dislocation: Author: Brian J Divelbiss, MD; Chief Editor: Joseph A Molnar, MD, PhD, FACS: Phalangeal fractures are common injuries that may significantly affect hand function if not managed appropriately. Closed treatment has been the mainstay of treatment for reducible and stable fracture configurations. Unstable or irreducible fracture patterns require open or closed reduction and fixation. Percutaneous pinning allows the conversion of more unstable fracture patterns to stable configurations capable of tolerating early motion. Mini fragment screws and plates assist in the management of complex phalangeal fractures

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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)