

SENT VIA EMAIL OR FAX ON
May/25/2012

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

KCI Acti V.A.C. Therapy Unit X 30 day rental E1399

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

Orthopedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Operative report irrigation, debridement and dressing change of wound dated 09/08/11

Operative report right hand irrigation and debridement of skin, subcutaneous tissue and muscle; right dorsal hand wound VAC placement dated 09/11/11

Operative report irrigation and sharp excisional debridement of skin, subcutaneous tissue and muscle; fasciocutaneous flap to right hand, reverse radial forearm; hand nerve repair, greater than 4 cm, single cable to radial aspect of right index finger, radial aspect of long finger, radial aspect of ring finger and ulnar aspect of ring finger; tenolysis flexor tendon, right index finger in palm; carpal tunnel release; placement of acellular dermal matrix and placement of wound vac dated 03/30/12

Orthopedic progress notes M.D. dated 03/31/12-05/17/12

Therapy insurance authorization form V.2 04/06/12

Wound vac justification 04/06/12

Operative report irrigation and debridement, skin, subcutaneous tissue; placement of acellular dermal matrix dated 04/11/12

Discharge summary dated 04/12/12

Notification of adverse determination dated 04/12/12

Notification of reconsideration determination dated 04/20/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient sustained a crush injury to the right hand with carpometacarpal joint dislocation of index, long, ring and little fingers, metacarpophalangeal joint dislocation of index finger, multiple lacerations to palmar and dorsal surfaces of the hand, plus crush injuries to all digital nerves, superficial arch and all digital arteries. The patient underwent irrigation, debridement and dressing change of wound on xx/xx/xx followed by right hand irrigation and debridement of skin, subcutaneous tissue and muscle on 09/11/11. The patient underwent irrigation and sharp excisional debridement of skin, subcutaneous tissue and muscle, fasciocutaneous flap to the right hand, reverse radial forearm, hand nerve repair, flexor tendon tenolysis, carpal tunnel release and placement of wound vac on 03/30/12. Progress note dated 04/06/12 indicates that the thenar flap appears soft, warm, pink and viable without induration. The right forearm wound is 10 cm x 8 cm x 1 cm. The patient is noted to be scheduled for definitive split thickness skin graft in 2 weeks and then will need wound vac for 2 weeks after that. The patient underwent irrigation and debridement skin and subcutaneous tissue on 04/11/12. Discharge summary dated 04/12/12 indicates that there is no erythema about the forearm. Sensation is intact to light touch to the small finger and the thumb. The patient has brisk capillary refill to all fingers.

Initial request for Acti V.A.C. therapy unit x 30 day rental E1399 was non-certified on 04/12/12 noting that evidence based guidelines do not consistently and overwhelmingly support vacuum-assisted closure wound-healing in the management of the cited injuries. PT hydrotherapy note dated 04/18/12 indicates that wound #1 is 5.6 cm x 8 cm x 0.4 cm, and wound #2 is 4.5 cm x 4 cm x 0.4 cm. The denial was upheld on appeal dated 04/20/12 noting that the patient's pain is well controlled. He is undergoing leech therapy. The requesting provider was unable to update the medical records reviewed to address the above issues. There was no submitted evidence-based literature to support the use of this requested therapy for the cited injuries. There are still no recommendations as per referenced guideline to support the use of vacuum-assisted closure wound-healing in the management of forearm, wrist and hand injuries.

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

Based on the clinical information provided, the request for KCI Acti V.A.C. therapy unit x 30-day rental E1399 is not recommended as medically necessary, and the two previous denials are upheld. The Official Disability Guidelines note that vacuum-assisted closure wound-healing is under study. The body of evidence is insufficient to support conclusions about the effectiveness of vacuum-assisted closure in the treatment of wounds. Given the current clinical data and lack of support in evidence based guidelines, the requested KCI Acti V.A.C. rental is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL

BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES