Notice of Independent Review Decision

Date notice sent to all parties: October 16, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Debridement, arthrotomy left ring finger.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified in orthopedic and hand surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)

____ Overturned (Disagree)

____ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
	26105		***Prosp.***						***Upheld***
729.5	***11044***		***Prosp.***						***Upheld***

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 09/06/12 & 09/20/12, including criteria used in the denial.
3. Request for reconsideration 09/14/12.
4. Orthopedic exams and follow up 07/17, 08/14, and 09/11/12.
5. MMI evaluation 07/26/12.
6. Radiology reports: MRI lumbar SPN w/o contrast 06/05/12 and MRI hand LT wo/w contrast 07/23/12.
7. TWC work status report 09/11/12.
8. Rehab initial report 04/23/12 and subsequent medical report 06/18/12.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient was injured at work on xx/xx/xx, when she fell down approximately 12 to15 stairs during a power outage, injuring her left arm, left hand, left leg, neck, left shoulder, head and lower back. The patient was initially treated conservatively and, because of persistent pain in the hand, was referred to a hand specialist. Exam findings document right ring finger and left middle finger complaints. MRI of the left hand documents findings related to the 3rd digit. An MRI scan was obtained and showed inflammation around the metacarpal head. The hand specialist treated the patient conservatively with activity modification, anti-inflammatory medications, splinting and a steroid injection into the flexor tendon sheath of the left middle finger. The steroid injection did not help. Debridement, arthrotomy left ring finger was recommended and has been denied as not medically necessary.

1908 Spring Hollow Path
Round Rock, TX 78681
P. O. Box 215 78680
Phone: 512.218.1114
Fax: 512.287-4024

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

I am in agreement with denial of the treatment and services in dispute. No documentation was presented of occupational therapy. The request does not appear to meet ODG medically reasonable or necessary guidelines.

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
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- X **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)

1908 Spring Hollow Path
Round Rock, TX 78681
P. O. Box 215 78680
Phone: 512.218.1114
Fax: 512.287-4024