

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/04/2012

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

OP: Lt Thumb; Distal Radius Bone Graft Supplement to IP Fusion 26546

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

M.D., Board Certified 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds the medical necessity for OP: Lt Thumb; Distal Radius Bone Graft Supplement to IP Fusion 26546 is not established.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO 08/10/12  
Utilization review determination dated 06/06/12  
Utilization review determination dated 06/26/12  
Operative report dated 06/14/11  
Operative report dated 06/24/11  
Operative report dated 07/07/11  
Operative report dated 07/05/11  
Operative report dated 07/13/11  
Operative report dated 09/29/11  
Clinical records 03/07/12, 05/01/12, 05/31/12, 06/12/12, 07/17/12  
Physical therapy treatment records various dates

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who is reported to have sustained work related injuries to his left thumb on. The records suggest the claimant sustained a laceration to thumb, which subsequently became infected. On 06/14/11 the claimant was taken to surgery by. He is noted to have left thumb extensor tendon laceration overlying interphalangeal joint. There are left thumb multiple metallic foreign bodies with extensive infection. The claimant

underwent fasciotomy and debridement of the wound. On 06/24/11 the claimant was returned to surgery and underwent repair of extensor pollicis longus laceration in zone 1. The claimant was again returned to surgery on 01/05/11 secondary to identification of osteomyelitis of left thumb and debridement was performed. The claimant was returned to surgery on 07/07/11 to undergo repeat left thumb debridement of osteomyelitis. This was again performed on 07/13/11 with partial closure of the wound. On 09/29/11 the claimant was returned to surgery and underwent left thumb reconstruction for large skeletal defect of thumb. He underwent a free microvascular genicular artery osteoperiosteal flap and left thumb full thickness skin graft. On 03/07/12, the claimant reported pain. The claimant was referred for therapy. The claimant was seen in follow-up on 05/01/12. He is noted to have continued pain. He is reported to have grade II left long trigger locking. Radiographs are noted to show healed IP joint reconstruction by vascular bone graft. It would appear the claimant was again referred for physical therapy.

The claimant was seen in follow-up on 05/31/12. He is reported to have moderate pain and stiffness of left thumb. Radiographs are reported to show a large skeletal defect where IP joint use to be in the thumb. The claimant was recommended to undergo distal radius bone graft to supplement IP fusion. The claimant was seen in follow-up on 06/12/12. He again reported moderate pain and stiffness in left thumb.

The initial review was performed on 06/06/12 by non-certified the request. Noted that the claimant has undergone multiple surgeries to the left thumb with the last being a reconstruction of the large skeletal defect due to destruction of the IP joint secondary to osteomyelitis. He notes per the 05/31 report the claimant has a thin central section between the two lateral pillars of the reconstructed digit, which is at risk for failure. He reported documentation of the imaging studies to support this finding are not provided for review. He notes that there was no indication of conservative measures including adequate trial of bisphosphonates, an ultrasound, and external bone growth stimulator had been performed prior to the requested procedure.

An appeal request was reviewed by on 06/26/12. non-certified the request. He notes that the claimant has undergone multiple surgeries to the left thumb with the last being reconstruction of the large skeletal deficit due to destruction of the IP joint secondary to osteomyelitis. He notes that per x-ray dated 05/01/12 the previous fusion failed to fully heal across the former IPJ on AP view, and the central portion has reduced density and supported by healing along the radius. He notes that the claimant has been instructed to perform physical therapy. He notes that the previous recommendation for a trial of bisphosphonates, ultra sound, or external bone growth stimulator had not been performed prior to the requested procedure. He further notes that there were no x-ray report readings provided for review that document the thin central section between the two lateral pillars of the reconstructed digit at risk for fracture. He further reports that evidence based guidelines indicate 9 months lapse time with no healing progress for 3 months can sometimes be defined as a nonunion. He subsequently upholds the previous denial.

The most recent clinic note is dated 07/17/12. The claimant continues to have moderate pain and stiffness of left thumb. He presents to discuss the surgery. In this note notes there are no current guidelines to address this patient's unique situation. opines the reviewing physician demonstrates a dangerous utter lack of knowledge of bone physiology. He notes that it is being recommended the patient take bisphosphonates and use an external bone growth stimulator in order to cause volume of bone graft to develop. He notes there is concern the patient could fracture through the site.

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

The submitted clinical information indicates that claimant sustained significant trauma to the left thumb with subsequent development of osteomyelitis. The claimant has undergone multiple surgical interventions. Most recently a request has been placed for left thumb distal radius thumb bone graft to supplement previous IP fusion. The submitted clinical records

failed to provide any independent radiographs from which to validate that the claimant would require or benefit additional grafting to the fusion procedure. In the absence of this information, the reviewer finds the medical necessity for OP: Lt Thumb; Distal Radius Bone Graft Supplement to IP Fusion 26546 is not established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA 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)