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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/05/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: CT of right hand

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

D.O. Board Certified General Surgery, Fellowship trained Orthopedic Hand and Upper Extremity 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. It is the opinion of the reviewer that this request for CT of right hand does not meet guideline recommendations and is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 10/11/12 and 10/19/12
Operative report 10/19/12
Previous utilization review 12/11/12 and 01/08/13 and 01/23/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his right hand when he was using a wood chipper. The clinical note dated xx/xx detailed the patient stating that the hand or that he struck the hand with the posterior aspect. The patient underwent a closed reduction with percutaneous pinning at the middle finger on xx/xx/xx. The patient subsequently underwent hardware removal. The patient had ongoing pain at the second and third CMC joints despite previous conservative care. The patient showed evidence of a subluxation of the second through fourth CMC joints with non-united evulsion fracture of the third CMC joint on the volar aspect. Operative report dated 10/19/12 detailed the patient undergoing a right second and third carpal metacarpal joint arthrodesis. Previous utilization review dated 12/11/12 for a CT scan of the right hand was denied secondary to a lack of x-rays confirming clinical presentation. Utilization review dated 01/08/13 for a CT scan of the right hand was denied secondary to a lack of x-rays evaluating post-operative fusion and the lack of current symptomology noted by physical examination. IRO dated 01/25/13 resulted in a denial.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation provided for review notes the patient undergoing a CMC fusion. Official Disability Guidelines recommend

a CT scan of the hand provided that the patient meets specific criteria, including previous x-rays confirming a scaphoid fracture, a comminuted distal radius fracture, a radial ulnar joint subluxation or possible radial ulnar subluxation, hook of the hamate fracture, or metacarpal fracture. There is a lack of clinical information regarding plain films revealing any significant findings. Given the lack of submitted x-rays confirming symptomology, it is the opinion of the reviewer that this request for CT of right hand does not meet guideline recommendations and is not medically necessary.

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)