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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/07/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right PIP Arthroplasty of Index, middle, ring and little fingers with release of contracture with possible implants

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

Board Certified Orthopedic Surgeon (Joint)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
IRO referral documents

Non-authorization recommendation dated 11/14/12

Reconsideration decision: non-authorization dated 12/06/12

Letter of medical necessity dated 04/20/12

EMG/NCV studies right upper extremity dated 02/09/12

Surgery scheduling forms dated 11/15/12

Progress notes Dr. dated 02/09/12 – 12/13/12

Pre-authorization request dated 11/09/12

Pre-authorization appeal request dated 11/29/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is noted to have sustained a crush injury to the right hand with fractures on xx/xx/xx. Records indicate that the patient underwent a surgical repair, but the

date and extent of surgical intervention is not documented. The claimant is noted to have developed CRPS/RSD. It was noted that the claimant experience improvement with CRPS pain after a stimulator was placed. Records further indicate that the claimant has undergone multiple physical therapy sessions. He continues to complain of right hand pain. Progress notes indicate that the main concern is decreased range of motion at the PIP joints of the index, middle, ring, and little fingers. The thumb also has decreased range of motion, particularly at the interphalangeal joint and the MP and CMC joint. Physical examination on 12/13/12 reported tenderness over the A1 pulleys. The thumb has limited range of motion at the IP, MP, and CMC joints. There was limited abduction/adduction and opposition. He has little to no difference in flexion of the PIP joint with the MPs extended or flexed. The PIP joints are frozen in extension and are unable to be flexed with either active or passive range of motion. X-rays reportedly revealed good joints without distraction at this time. Electrodiagnostic testing on 02/09/12 reported a normal study of the right upper extremity with no ulnar, radial, or median nerve neuropathy. The claimant has evidence of complex regional pain syndrome type I. There was no electrodiagnostic evidence of right cervical radiculopathy.

A request for right PIP arthroplasty of index, middle, ring, and little fingers and decompression of A1 pulley was recommended for non-authorization per review dated 11/14/12. The reviewer noted that guidelines for such procedures indicate that there must be significant evidence for the A1 pulley release, significant evidence of tenosynovitis that is resistant to injection treatment. In the case of the PIP joint arthroplasty, the guidelines indicate that there must be a significant combination of subjective and objective findings and radiographic analyses compatible with arthrosis/severe symptomatic arthritis. In addition, guidelines would not necessarily support additional surgical intervention due to the possibility, if not probability, of further accentuating or aggravating the condition of complex regional pain syndrome/RSD.

A reconsideration request was reviewed and non-authorized per decision dated 12/06/12. It was noted that the claimant has the following diagnoses: stiffness of joint, reflex sympathetic dystrophy of the upper limb, chronic regional pain syndrome, carpal tunnel syndrome to the right, crush right hand and wrist, and frozen shoulder with possible rotator cuff injury. The clinical notes report that the claimant presents with contractures and stiffness of the fingers to the right, particularly at the proximal interphalangeal joints. It is documented that the claimant is unable to grasp or hold objects in his hand and has limited ability to flex the fingers at the proximal interphalangeal joint. The claimant denies any pain. However, he continues to have numbness and tingling in the hands. He has been evaluated for carpal tunnel syndrome and upper extremity median nerve compression but all testing was normal. The claimant was noted to have undergone a diagnostic steroid injection which did not improve his symptoms. He reportedly has utilized all conservative measures for the treatment of his hand. Medications utilized include Tramadol, Hydrocodone, Flexeril, and Ibuprofen. The reviewer noted that the clinical documentation submitted for review did not have evidence of any imaging studies of the right hand, mechanism of injury, and documentation of conservative modalities exhausted. Per peer-to-peer discussion, the provider agreed to submit additional clinicals including x-ray reports and therapy reports to show evidence of exhaustion of conservative modalities prior to surgical intervention.

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

The claimant is noted to have sustained an injury on xx/xx/xx requiring surgical repair of the right hand. However, no operative report was submitted documenting the date and extent of surgery. The claimant is noted to continue with complaints of right hand pain with decreased range of motion at the PIP joints of the index, middle, ring, and little fingers. There is also indication of decreased range of motion of the thumb. There is no comprehensive history of the nature and extent of conservative treatment completed to date including physical therapy, injections, and other conservative modalities. No radiographs were submitted with objective evidence of significant arthritis of the proximal interphalangeal joints or preservation of collateral ligaments. As noted on previous review, the claimant has been diagnosed with

CRPS/RSD, which is a contraindication to further surgery. Consequently, it is the opinion of this reviewer that the request for right PIP arthroplasty of the index, middle, ring, and little fingers with release of contractures and possible implants is not indicated as 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)