

Notice of Independent Review Decision

DATE OF REVIEW: 07/08/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP MUA Left Index, Long & Ring Fingers 26340x3

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the OP MUA Left Index, Long & Ring Fingers 26340x3 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 06/20/13
- Notification of Reconsideration Determination – 06/12/13
- Notification of Adverse Determination – 05/31/13
- Operative Report – 02/04/13
- Office visit notes – 01/31/13 to 05/23/13
- Occupational Therapy Initial Evaluation and Plan of Care – 03/22/13

- Occupational Therapy Re-evaluation and Updated Plan of Care – 04/29/13, 05/21/13
- Prescription for Occupational Therapy – 03/20/13
- OT – Outpatient Daily Notes – 04/05/13 to 04/29/13
- Office Visit Notes – 01/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when a something fell on his left hand, crushing the index, long and ring fingers. On 02/04/13 the patient underwent a left hand closed reduction and percutaneous pinning of proximal phalanx fractures of the index and ring fingers. He also underwent an open reduction and internal fixation of a proximal phalanx fracture of the long finger with percutaneous pinning. This patient has undergone occupational therapy to the hand and there is now a request for the patient to undergo manipulation under anesthesia due to significant scarring of the tendons.

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

Manipulation under anesthesia (MUA) would not be indicated. This was a patient with significant soft tissue injury resulting in edema, then scarring with fractures along with delay in treatment, then use of pinning and subsequent further immobilization with further delay in initiating ROM in occupational therapy until almost 10 weeks after the injury. All of these contributed to significant stiffness. MUA is unlikely to substantially improve the patient's condition as loss of motion is now almost 6 months post injury. The patient's significant joint contractures and tendon adhesions are unlikely to break free with MUA.

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
- 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)