

IRO REVIEWER REPORT TEMPLATE -WC



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Notice of Independent Review Decision

Date notice sent to all parties: 5/24/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Joshua Kimble with DOB: 7/10/1985 pertaining to: ultrasound bone growth stimulator, ICD-9/DSMV 958.3 and 733.82, CPT E0706

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

Texas Licensed, Board Certified Orthopedic Surgeon

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a who sustained a near complete amputation of his right thumb on xx/xx/xx. The injury mechanism was not described. The records from the treating provider reveal that the claimant was 3-1/2 months status post open reduction and internal fixation of a proximal thumb phalanx fracture. The claimant also wanted excision of a digital neuroma and repair of the right thumb radial digital nerve with conduit. The claimant also "most recently slammed his right thumb into a car door accidentally on April 21, 2013 that had a splint on." The exam findings revealed that the claimant on 04/24/2013 was in no acute distress and that there was minimal pain upon motion actively. There was some tenderness to palpation and there was also some numbness along the radial digital nerve. The x-rays were noted to reveal the lack of any new acute fracture. "The patient does seem to have some minimal interval callus formation within his right proximal phalanx of his thumb." A therapy prescription was provided. It was noted that "the patient just received a bone stimulator and he is to continue with this."

Prior records from the same provider Dr. were reviewed including the bone stimulator prescription dated 03/29/2013. The operative report from 01/08/2013 was also reviewed among other records.

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

The submitted records do not evidence guideline associated criteria being met

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with regards to the utilization of such an ultrasonic bone stimulator. In fact, the guideline criteria, which discusses the lack of any progressive signs of healing have not been met based on the evidence in the clinical findings and the findings related to x-rays. The size of the fracture gap criterion which is to be "1 cm or less" also has not been specifically delineated. Primarily however, the major criteria not met, is that the claimant has had some documented evidence of increase in callus overall and therefore at this time, the guidelines for utilization of the requested stimulator have not been met.

Reference: ODG guidelines with regards to the forearm, wrist, and hand chapter specifically with regards to ultrasonic bone growth stimulators.

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):**