Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Feb/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Manipulation under anesthesia right index finger

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical note dated 09/30/13
Operative note dated 10/08/13
Clinical note dated 10/25/13
Clinical note dated 11/13/13
Clinical note dated 12/23/13
Clinical note dated 01/06/14
Clinical note dated 01/10/14
Therapy note dated 11/20/13
Therapy note dated 11/22/13
Therapy note dated 11/25/13
Therapy note dated 12/02/13
Therapy note dated 12/04/13
Therapy note dated 12/11/13
Therapy note dated 12/13/13
Therapy note dated 12/16/13
Therapy note dated 12/18/13
Adverse determinations dated 01/09/14 & 01/15/14

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury to his right index finger. The clinical note dated 09/30/13 indicates the patient complaining of right hand pain. The right hand was noted to

have been splinted. Significant swelling was noted. The patient was subsequently diagnosed with a closed fracture of the metacarpal bone. The operative report dated 10/08/13 indicates the patient undergoing a closed reduction and percutaneous pinning of the right 2nd metacarpal. The clinical note dated 10/25/13 indicates the patient presenting for a 2 week follow up regarding the pinning of the 2nd metacarpal. The patient's cast was removed and the skin was noted to be intact. The patient's capillary refill was noted to be brisk at less than 2 seconds. A short arm gauntlet type cast was noted to have been placed. The clinical note dated 11/13/13 indicates the patient presenting for a follow up. The pin sites were noted to be clean, dry, and intact. The patient was able to demonstrate limited range of motion throughout the hand secondary to ongoing immobilization. The pins were subsequently removed without difficulty. The patient was instructed on a home exercise program. The patient was also noted to continue with light duty. The therapy note dated 11/20/13 indicates the patient initiating physical therapy at that time. The therapy note dated 12/18/13 indicates the patient having completed a full course of treatment to include 10 physical therapy sessions. The clinical note dated 12/23/13 indicates the patient demonstrating no swelling upon palpation. The patient was able to demonstrate full range of motion throughout the right wrist and forearm. No functional deficits were noted in the digits. The clinical note dated 01/06/14 indicates the patient continuing with a home exercise program. The patient was recommended for an MUA at the right index finger. The clinical note dated 01/10/14 indicates the patient showing excellent alignment with previous x-rays. The note does mention the patient having difficulty gaining range of motion at the 2nd metacarpal joint.

The utilization review dated 01/09/14 resulted in a denial for a manipulation under anesthesia at the right index finger as no high quality studies have recently been published confirming the safety and efficacy of the proposed procedure.

The utilization review dated 01/15/14 also resulted in a denial as the proposed procedure is lacking high quality studies confirming the efficacy of the treatment.

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

The documentation indicates the patient having sustained a fracture at the 2nd metacarpal. Currently, no high quality studies exist supporting manipulation under anesthesia at the fingers. Given that no high quality studies currently exist supporting the safety and efficacy of the proposed procedure, this request is not indicated. As such, it is the opinion of this reviewer that the request for manipulation under anesthesia at the right index finger is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES