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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: LT hand release of scar

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Plastic 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 this reviewer that the request for LT hand release of scar is indicated is recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his left hand. Clinical note dated xxxx indicated the patient undergoing laceration of the digital arteries, digital nerves, flexor tendons, extensor tendons, volar plate with an open joint with a lateral evulsion of the soft tissue above the ring and small fingers. The injury resulted in a surgery on 09/10/13. The patient continued with 6/10 pain. The patient was identified as having a non-viable soft tissue secondary to crush injury. Maceration macerated tissue surrounded the ring finger and small finger and palm of the hand. The patient underwent peripheral nerve block in order to perform rotation of skin flap and tissue rearrangement at palm and ring finger. Clinical note dated 03/26/14 indicated the patient continuing with large laceration at the volar surface at the metacarpal phalangeal joint of the ring and small fingers. The patient was identified as having range of motion limitations in the long and ring finger. Upon exam the patient was unable to touch the palm of the hand with the distal phalanx. The patient rated his ongoing pain as 3/10. The patient had no therapeutic history addressing the reigning small fingers. Clinical note dated 04/16/14 indicated the patient continuing with a large laceration at the volar surface of the metacarpal phalangeal joint at the ring and small fingers. Range of motion limitations continued at the long and ring finger. The patient reported continuing to bleed from the area. The patient stated that when attempting to open the hand completely he bled through the wound. Tenderness to palpation was identified. The patient was recommended for rearrangement of the tissue and repairs of the tendons.

Utilization review dated 04/17/14 resulted in a denial as the proposed procedure had not been proven in a large high volume quality study published in medical literature. Utilization review dated 04/23/14 resulted in a denial as no information was submitted on the more recent clinical notes regarding contracture.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation indicates the patient sustaining a significant crush injury involving the long and ring fingers of the left hand. Clinical notes indicated the patient having range of motion limitations at the long and ring fingers secondary to scar contracture. Additionally, when undergoing exercise program to open the hand completely the patient was identified as bleeding through the wounds. The patient was unable to fully extend the index and long fingers. Additionally, clinical notes indicated the patient previously undergoing surgical procedure at the affected fingers and palm of the left hand. Additionally, the patient underwent occupational therapy addressing the functional deficits at the left hand. Given the ongoing scar and wound contracture at the affected small and ring fingers as well as the palm of the left hand and taking into account the previous attempts at conservative treatment addressing functional deficits as a result of the scar contracture, this request is reasonable. As such, it is the opinion of this reviewer that the request for LT hand release of scar is indicated is recommended 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)