



Notice of Independent Review Decision - WC

DATE OF REVIEW:

02/26/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Board Certified in Orthopedic Surgery

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

Arthroplasty of the Right Middle Finger w/Prosthetic Implant 26536

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.

Arthroplasty of the Right Middle Finger w/Prosthetic Implant 26536 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Radiology Report, 09/19/13
- Wound Center Note, 09/19/13, 09/23/13, 10/14/13, 10/23/13, 10/29/13, 11/11/13, 11/18/13, 12/16/13, 01/15/14, 01/29/14
- Right Third Finger MRI, 09/23/13
- Operative Report, 09/25/13, 09/26/13
- Surgical Pathology Report, 09/25/13, 09/26/13
- Denial Letters, 11/01/13, 11/20/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had pain and swelling with loss of range of motion to the right middle finger after an accident which occurred on xx/xx/xx. An MRI showed irregularity and suggestion of erosive changes involving the PIP joint of the third ray, which was atypical and raised the concern for underlying infection and septic joint. There was diffuse edema within the proximal phalanx of the third ray and the proximal aspect of the middle phalanx of the third ray. In this patient, with history of trauma, these were likely due to bony edema and contusion, but in light of the erosive changes at the PIP joint, underlying osteomyelitis subjacent to the PIP joint could not be excluded. There was moderate soft tissue swelling and interstitial edema surrounding the middle and proximal phalanx of the third ray, especially surrounding the PIP joint. Underlying cellulitis could not be excluded. Findings were indicative of full thickness tear of the dorsal extensor tendon overlying the PIP joint of the third ray. Findings were also indicative of partial tear of the flexor tendon overlying the PIP joint of the third ray. There was thickened appearance of the ulnar and radial collateral ligaments at the PIP joint, also indicative of underlying Grade II sprain/partial tear. The patient underwent exploration of the proximal interphalangeal joint of the right middle finger; incision and drainage of abscess of the proximal interphalangeal joint of the right middle finger; synovectomy of flexor profundus and superficialis of the right middle finger; and repair of flexor profundus and superficialis of the right middle finger. The following day, the patient underwent synovectomy of the extensor tendon; exploration of the proximal interphalangeal joint of the right middle finger; removal of necrotic tissue with debridement of frankly necrotic bone; and repair of the central slip of the extensor tendon. The patient wished to proceed with placement of prosthesis to the PIP joint of the right middle finger in order to re-establish motion.

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

The arthroplasty of the right middle finger with prosthetic implant is not medically reasonable or necessary. My rationale for this determination is that, while did document findings that the patient's current motion of the right middle finger is basically ankylosed with motion at 30 degrees to 40 degrees, there was no documentation sufficient to determine if the chronic osteomyelitis that continued to be reported in his ongoing assessments has resolved. There should be specific discussion as to current x-rays being free of findings of an osteomyelitis. There should be current laboratory work documenting no signs of a chronic latent infection. Therefore, the recommendation is non-certification of the request, as Official Disability Guidelines do indicate contraindication for the requested prosthesis in a florid or chronic infection.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**