US Decisions Inc.

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DATE NOTICE SENT TO ALL PARTIES: Sep/14/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Ray Resection right index, Bury Neuromas

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

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

[ ] Upheld (Agree)
[X] 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 Ray resection right index, Bury Neuromas is considered medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a male. On 08/05/14, he was seen. It was noted he had an incomplete amputation of the index finger, left hand, and he had local wound care and was on antibiotics. On exam the wound was clean and the remainder of the middle phalanx was exposed and all skin was gone distal to the amputation. The wound was granulation and had brisk refill. Completion of his amputation through the PIP joint with delayed primary wound closure was recommended. On 01/27/15, the patient returned to clinic. He reported continued pain to his finger. Pain on palpation radiated to his forearm but there were no lesions noted. On 04/27/15, the patient was seen in clinic. Upon examination of his right hand, range of motion was limited secondary to pain. He had mild tenderness to palpation along the stump which was healed and amputated at the PIP joint. He had decreased sensation from the wound distally. On 06/23/15, the patient returned to clinic. It was noted he had an amputation of the right index finger through the proximal phalanx and he did not have a long flexor tendon attached which limited motion. He had sensitivity over the fingertip. On exam, it was noted he had a fracture through the proximal phalanx with decreased range of motion and decreased strength with weak abduction and adduction rated at 3/5 to 4/5 involving the index finger. There was sensitivity over the palmar pad of the index finger and over the MCP joint palmary. Ray resection and removal of neuromas was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 07/02/15, a notification of adverse determination was submitted for the requested ray resection right index finger and bury neuromas, and Official Disability Guidelines forearm, wrist and hand chapter amputation was cited. It was noted the records submitted for review did not contain specific clinical findings such as a disabled upper extremity that could not function with a prosthesis to warrant a ray resection. Therefore the request was non-certified. On 08/20/15, a notification of reconsideration determination was submitted, utilizing Official Disability Guidelines forearm, wrist and hand chapter amputation reference. It was noted that the records did not contain specific clinical findings indicating that the disabled upper extremity could not function with a

prosthesis to warrant the right index finger ray resection.

For this review, Official Disability Guidelines forearm, wrist and hand chapter is utilized. This indicates that the most common reason for amputation is poor circulation because of damage or narrowing of the arteries and other causes for amputation may include severe injury such as a partial amputation, thickening of nerve tissue or neuroma which may lead to amputation. For this individual, the records indicate the patient had a traumatic injury to the right index finger which resulted in a partial amputation. He was taken to surgery and the amputation was debrided and completed back to the PIP joint. However, now the records indicate the patient has continued pain which limits his functionality. While the previous review has noted that the records do not document a condition for which a prosthesis would be warranted, a ray resection of the right index finger would not, in and of itself, require a prosthesis. The provider has not indicated that a prosthesis is requested or warranted. Therefore, it is the opinion of this reviewer that the request for Ray resection right index, Bury Neuromas is considered medically necessary and the prior denials are overturned.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)