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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: February 1, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Decompression release digital nerve x 2 (64702), tenolysis extensor tendon (26445), open capsulotomy distal interphalangeal (DIP), proximal interphalangeal (PIP) (26525), manipulation (26340), application amniotic membrane (Q4100), peripheral nerve block (64450), splint (29125) and left long finger debridement (11402) and tissue rearrangement 2 x 2 cm (14040).

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

M.D., Board Certified in Orthopedic 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)

The requested decompression release digital nerve x 2 (64702), tenolysis extensor tendon (26445), open capsulotomy distal interphalangeal (DIP), proximal interphalangeal (PIP) (26525), manipulation (26340), application amniotic membrane (Q4100), peripheral nerve block (64450), splint (29125) and left long finger debridement (11402) and tissue rearrangement 2 x 2 cm (14040) is medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an industrial injury on XX/XX/XX. He sustained a crush injury from a grinder to his left hand, resulting in crush amputation of the index finger.

According to the XX/XX/XX operative report, this injury resulted in loss of soft tissue, avulsion, loss of skin, loss of the base of the flexor tendon, and open joint with open fracture. He had devascularization of the distal end of the digit with laceration of both digital nerves and arteries. An emergency surgery was planned to stabilize the injury and additional surgery would be required for division of the flap and removal of metallic wires, and possibly for release of tendon, nerves, artery, and joints. He underwent debridement to the bone with partial osteotomy, open fracture reduction of the middle and distal phalanx, repair of the volar plate, repair of the joint capsule, capsulodesis, repair of the profundus flexor tendon insertion with pull out wire, insertion of wire x 3, repair of flexor pulley No. 5, micro repair of the digital arteries and nerve on the ulnar and radial side, rotation of skin flap, full thickness skin graft to the donor side of the long finger, cross pedicle flap from the long finger to the index finger, full thickness skin graft harvesting from the wrist and closure of the wrist with tissue rearrangement, application of amniotic membrane, and peripheral nerve block for post-operative pain control. The treating provider chart notes documented evaluation of the wound, debridement, and dressing changes. The chart note indicated the patient was feeling better. The skin graft and flap were taking 100%. Authorization was requested for decompression release of digital nerves, open capsulotomy, manipulation, division rotation flap, application amniotic membrane, left index and long finger debridement, tenolysis extensor and flexor tendons, peripheral nerve block, and splint application. The chart noted indicated that the patient was pain free. The dressing was changed and superficial debridement of the left long finger was performed. The treating provider report indicated that the patient was reporting grade 2-3/10 pain. He reported that pain increased in the cold weather. The index finger was attached by a cross pedicle flap from the long finger to the index finger. There was metacarpophalangeal (MCP), proximal interphalangeal (PIP), and distal interphalangeal (DIP) joint stiffness. The scar was getting very hard. The patient was instructed to begin exercising the joint so that it did not become more contracted. He also had a metallic wire coming from the tendon to be pulled out. There was tenderness to touch in the scar area close to the digital nerve. He was unable to fully extend or flex. The assessment was status post crush amputation with deep laceration of the index finger with cross pedicle flap from the long finger to the index finger tendons, nerve adhesion, and stiffness of joint. Authorization was requested for surgery to remove the metallic wire x 3, tenolysis of extensor and flexor tendon, open capsulotomy with manipulation and release of digital nerve, skin flap, tissue rearrangement, application of amniotic membrane, peripheral nerve block for control of postoperative pain and soft splinting.

The URA indicates that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. The denial indicates that there is no comprehensive clinical evaluation of the left index and long fingers from the treating physician that addresses the proposed surgery. In addition, the URA indicates and there is no evidence in the medical reports submitted that the patient has exhausted post-operative conservative management including occupational/physical therapy prior to the proposed request.

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

The Official Disability Guidelines (ODG) recommends flexor and extensor tendon repairs for traumatic injury and state that immediate surgical repair and early mobilization are essential in preventing adhesion formation and finger stiffness. Flexor tenolysis is recommended as a surgical procedure to remove adhesions that inhibit active flexion of the digits. Although

manipulation under anesthesia is not recommended for the fingers, manual manipulation is supported by the ODG for limited use. Nerve repair reconstructive surgery is recommended by repair or graft for lacerated nerves. The ODG recommend skin grafting procedures and bioengineered skin substitutes for advanced wound management. In this case, guideline criteria have been met. The patient presents status post crushing injury of the left index finger. He underwent emergency surgery on 8/21/15 for initial debridement, fracture management, and repair and stabilization of the nerves, arteries, joints, and tendons. A cross pedicle flap from the long to index finger was performed with a second surgery anticipated for division of the flap, removal of the metallic wires, and possible tendon, joint, nerve, and artery release. The patient did well in the post-operative period with ongoing wound management. The skin graft and flap have taken 100%. He has been performing initial gentle range of motion exercise consistent with post-operative management of the cross pedicle flap. Records documented thickening of the scar and inability to flex or extend the finger due to joint stiffness. Additionally, the metallic wires are coming out. This request is consistent with the ODG guidelines and the standard of care. Therefore, this request is medically necessary.

In accordance with the above, I have determined that the requested decompression release digital nerve x 2 (64702), tenolysis extensor tendon (26445), open capsulotomy distal interphalangeal (DIP), proximal interphalangeal (PIP) (26525), manipulation (26340), application amniotic membrane (Q4100), peripheral nerve block (64450), splint (29125) and left long finger debridement (11402) and tissue rearrangement 2 x 2 cm (14040) is medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)