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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Division cross finger flap-stage 2

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

The Reviewer is a Board-Certified Hand Surgeon with over 15 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX that was injured on XXXX at work when XXXX was working on a XXXX. XXXX, exposing the bone.

XXXX: Progress notes by XXXX. X-Ray: No bony destruction of the middle finger distal phalanx but do show significant soft tissue loss both volar and dorsal.

XXXX: Progress notes by XXXX. Reported finger is feeling well since XXXX procedure, XXXX does report some swelling of XXXX index finger.

XXXX: Operative report by XXXX. Claimant had a division of pedicle a cross-finger flap, left hand. It was reported that the claimant tolerated procedure well and there were no complications. The claimant was status post pedicle formation and insert thenar flap from the thenar eminence of the middle finger.

XXXX: Progress notes by XXXX. Claimant was seen s/p division of pedicle across finger flap, thenar flap, left hand on XXXX, XXXX reports that XXXX is doing well since last procedure.

XXXX: Progress notes by XXXX. Claimant reported XXXX is doing well since last visit.

XXXX: Progress notes by **XXXX**. Claimant was seen for a formal in setting of **XXXX** thenar flap.

XXXX: Progress notes by **XXXX**. Claimant reported that the reason for the appointment was a return visit due to status post formal in setting of the thenar flap of the left middle finger. The claimant reported recovering well since the procedure. Medications: **XXXX**.

XXXX: Progress notes by **XXXX**. The claimant was status post formal in setting of **XXXX** thenar flap of the left middle finger. The claimant reported that **XXXX** was doing well with no pain. On examination, the thenar flap was well-healed and there was still a little bit of prominence at the junction between the flap and the native volar skin. The claimant shows a full ROM of the left middle finger with minimal pain even with vigorous grip and use.

XXXX: UR performed by **XXXX**: Rationale for denial: The patient was status post in setting of the patients flap of the left middle finger. The patient reported that **XXXX** was doing well with no pain. However, the patient shows a full ROM of the left middle finger and it was documented that the patient had minimal pain even with vigorous gripping use. There was no evidence of functional impairment of the left middle finger to support the requested surgical procedure for this patient. As such, the request is not appropriate for this patient. Recommended non-certification.

XXXX: UR performed by **XXXX**. Rationale for denial: The claimant is a **XXXX** with a history of an occupational claim from **XXXX**. There is no evidence of functional impairment of the left middle finger. As such, the request for division cross finger flap-stage 2 of previous surgery on **XXXX** is non-certified.

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

Adverse determination is UPHeld (agree). Division and inset of the thenar flap to the left long finger has been successfully completed and the finger function is normal. Doctor has requested a secondary division and inset of this flap which is not indicated and unnecessary. **XXXX** states there is an area of prominence at the junction of the flap and uninjured distal phalanx but this does not necessitate another division and inset. To the contrary, the division has been completed and there cannot be another division.

The request for Division cross finger flap-stage 2 is found to be not medically necessary

ODG Guidelines:

Recommended for posttraumatic nail deformities.

The fingernail has an important role in hand function, facilitating the pinch and increasing the sensitivity of the fingertip. Therefore, immediate and proper strategy in treating fingernail injuries is essential to avoid aesthetic and functional impairment. ([Tos, 2012](#)) Posttraumatic nail deformities (PTND) with intact nail bed consistently benefit when the option is only split-thickness sterile matrix (STSM) grafting. Appreciable correction of hooked nail deformity can be achieved by the reconstruction of lost components. There is no role of split-thickness germinal

matrix (STGM) and STSM graft transfer in total nail reconstruction. ([Rai, 2014](#)) Nailbeds can come from the amputated finger or from the patient's first toe. There are favorable results for distal fingertip amputations (Allen type II or III). Most cases that were reconstructed with volar V-Y advancement flaps combined with nailbed grafts demonstrated favorable results. ([Hwang, 2013](#))

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 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)**