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**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right Index Amputation at DIP Joint

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

This case was reviewed by a Board-Certified Doctor of Orthopedic Surgery with over 18 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]:**

XXXX: Image, Left Hand interpreted by XXXX. **Impression:** comminuted fracture of the terminal tuft of the left 2<sup>nd</sup> distal phalanx.

XXXX: Image, Left Hand interpreted by XXXX. **Impression:** Complete horizontal fracture of the mid diaphysis of the right second distal phalanx with associated injury to the soft tissue in the distal right second finger. Minimal metallic debris is seen.

XXXX: Clinical Encounter Summaries by XXXX. **HPI:** The patient is a XXXX who presents for WC evaluation. XXXX. Pt states while working XXXX tip of R index finger and L index finger. Pt states XXXX attended XXXX and had amputation of R distal index finger. Pt rates pain 10/10. XXXX states XXXX has been taking XXXX and OTC pain/inflammation reliever meds with no improvement. Not able to sleep well due to pain. **Physical Exam:** Right distal index finger amputated, stitches intact and swelling. Subcutaneous tissue exposed. Left distal index finger with laceration, sutures intact + swelling. **Assessment/Plan:** 1. Fracture of distal phalanx of finger-bilateral. Splinting of bilateral index finger one in clinic. Dressing changed. Sutures removed from bilateral index fingers. Orthopedic surgery referral. XXXX ever 4-6 hours as needed for pain. 2. Traumatic amputation of fingertip-right. 3. Laceration of finger-left. 4. Nausea-ondansetron.

XXXX: Encounter Summary by XXXX. **HPI:** Patient presents for bilateral finger pain. XXXX states XXXX do not touch the pain and XXXX is allergic to XXXX. Patient is experiencing numbness and tingling as well as shooting pains through XXXX arms when XXXX tries to reach for something. **Exam:** Right: swelling (index finger tip); guillotine amputation wound index finger tip with exposed bone (distal phalanx) with 50% nail plate loss. Tenderness of the palmar aspect. Left: swelling (index finger tip); volar pulp full thickness laceration with distal flap with dry necrosis of epidermal layer and spotty serous drainage. Tenderness of the DIP joint and the distal phalanx. Normal A1 pulley and active ROM and no tenderness of the second metacarpal and tenderness of the distal phalanx. Neurological: Sensation on the right: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1<sup>st</sup> web space, and distal extremities and C6 normal, c7 normal, and C8 normal. Sensation on the Left: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1<sup>st</sup> web space, and distal extremities and C6 normal, C7 normal, and C8 normal. Special tests on right: quadrigia absent, intrinsics normal, and extrinsics normal. Special tests on the left: quadrigia absent, intrinsics normal, and extrinsics normal. **Assessment/Plan:** 1. Pain in finger 2. Open fracture of distal phalanx of finger-right. 3. Open fracture finger distal phalanx, tuft-left. 4. Laceration of finger-left. 5. Traumatic amputation of fingertip-right. XR, fingers: right index: guillotine amputation through mid-shaft distal phalanx with obvious soft tissue loss. Left index: non-displaced stellate tuft fracture of distal phalanx.

Patient has had oral antibiotics but has exposed bone in the right index finger and a laceration with distal necrosis of the skin flap of the left index finger. Both require surgical intervention. Patient will be seen post-operatively. XXXX specifically requested XXXX on arrival but was informed that XXXX will have to be referred to Pain Management for meds stronger than XXXX which XXXX declined.

XXXX: Office Visit by XXXX. **HPI:** Patient had bilateral index fingers injured whenever a XXXX. The right was amputated 1/3 of the way, and XXXX surgical site has bone protruding with skin flap uneven. Severe pain. Left index finger was reconstructed. XXXX has pain, sensitivity, numbness, and tingling that radiates up both arms. XXXX states WC cut XXXX off while XXXX was supposed to have OT XXXX because the tested positive for too much XXXX in XXXX drug screen. XXXX claims this wasn't true.

XXXX: History and Physical by XXXX. **Exam:** Right: pt has a RIF amputation at the third knuckle with no finger nail remaining. Otherwise, full ROM, with normal strength, and no instability. The skin is normal with no laceration, abrasion, bruising, or breakdown. Circulation and sensation are intact. All other fingers intact. Left: RIF is healing well, skin is intact, fingernail is intact. Otherwise, full ROM, with normal strength and no instability. The skin is normal with no laceration, abrasion, bruising, or breakdown. Circulation and sensation are intact. X-ray, three view, right hand: minimal remnant of distal phalanx remains. X-ray, three-view, left hand: minimal evidence of distal tuft injury. **Assessment:** Pt would like to undergo surgery with general anesthesia. Surgery to be requested will be revision amputation of the right index finger with distal joint disarticulation.

XXXX: Office Visit by XXXX. **HPI:** Patient states XXXX saw surgeon in XXXX. XXXX agreed to do surgery on right index finger. Will be seen again on the XXXX to do pre-op papers

and anesthesia consult. No new complaints at this time.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. However, objective findings presented were insufficient to necessitate the need for the surgery. The circulation and sensation were intact on the right finger and significant deficits/functional limitations were limited to warrant a revision surgery.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Objective findings presented were still insufficient to necessitate the need for the surgery. The circulation and sensation were still intact on the right finger and significant deficits/functional limitations were still limited to warrant a revision surgery. Also, the official report of the x-ray reviewed on XXXX report was still not submitted to fully validate the findings presented. In addition, there was no noted irreparable blood supply to the injured body part, poor circulation or narrowing of arteries and any serious infections that will support the necessity of the request. Exceptional factors were not identified.

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

The request for right index amputation at distal inter-phalangeal (DIP) joint is denied.

This patient sustained a guillotine amputation of the distal right and left index fingers in. XXXX currently complains of numbness and tingling at the amputation site in the right hand. XXXX reports 10/10 pain as well as loss of strength and deformity. According to the hand surgery evaluation of XXXX, the patient had full range of motion, normal strength and no instability at the healed amputation site. XXXX circulation and sensation in the right hand were intact. A right index finger amputation at the DIP joint was recommended.

The Official Disability Guidelines (ODG) supports amputation in patients with poor circulation, serious infection, or neuroma.

This patient's examination demonstrates no objective evidence of poor circulation, infection or neuroma. Amputation may have no effect on the patient's subjective complaints. Based on the records, reviewed, the recommended amputation is not medically necessary.

Per ODG: XX

**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)