

DATE OF REVIEW: 01/03/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for metacarpal extensor tenolysis, left 3rd and 4th metacarpal capsulotomy and possible hardware removal and indicated procedures, as an outpatient

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and considered to be an expert in their field of specialty with current hands on experience in the denied coverage and is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XX year old XXXX who was injured on XXXX while XXXX. The claimant was diagnosed with villonodular synovitis of the left knee and fracture of the third and forth metacarpal bones of the left hand. On XXXX the claimant underwent open reduction and internal fixation of third and fourth metacarpal fracture.

Office Note dated XXXX documented the claimant was 10 weeks post surgery. The claimant continues to have some stiffness but has seen improvement since XXXX last visit. The claimant has been using body straps to help increase XXXX range of motion. Physical examination revealed that wound were healing well and there was decreased swelling. Long finger MCP joint range of motion (ROM) was 0 to 75 degrees. Ring finger MCP joint ROM was 0 to 70 degrees. Extension lack of 5 degrees was noted. The provider recommended continued physical therapy for 4 weeks and to remain on light duty.

Prior UR dated XXXX denied the request for coverage of metacarpal extensor tenolysis, left 3rd and 4th metacarpal capsulotomy and possible hardware removal and indicated procedures, outpatient due to the medical records included support improvement in range of motion between the office visits of XXXX and XXXX. There had been improvement in the middle finger MP flexion of 15° and improvement in the ring finger MP range of motion of 20°. As of XXXX, the patient was 10 weeks out from surgery, there was documented improvement in range of motion, and the patient was supposed to follow up in one month for reevaluation. The most recent office note for review is XXXX at which time there is no

mention of surgery. With improvement between **XXXX** and **XXXX**, and no evidence of plateau of range of motion, a repeat evaluation would be indicated to assess for contained improvement prior to proceeding with surgery. Therefore, at this time, the request for Reconsideration: Metacarpal Extensor Tenolysis, Left 3rd and 4th Metacarpal Capsulotomy and Possible Hardware Removal and Indicated Procedures is not medically necessary.

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

The claimant is a XX year old XXXX who was diagnosed with fracture of the third and forth metacarpal bones of the left hand. The request is for coverage of metacarpal extensor tenolysis, left 3rd and 4th metacarpal capsulotomy and possible hardware removal and indicated procedures.

Review of the medical records showed improvement in the range of motion values as follows: MP flexion of 15° and improvement in the ring finger MP range of motion of 20° between **XXXX** and **XXXX**. At the most recent office note provided for my review dated **XXXX** there was documented improved range of motion, surgical wound was healing well and there was no mention of surgery. The medical records do not adequately explain the plan for treatment, or why a return to the operating room is medically necessary. There is no documentation of plateau of range of motion. Additionally, the claimant was attending post-operative physical therapy at the time of the evaluation on **XXXX**. Subsequent evaluation would be necessary to assess the claimant's response to physical therapy and properly document the necessity for additional surgery.

Therefore, based on the referenced guidelines/evidence-based medical literatures as well as the clinical documentation stated above, it is the opinion of this reviewer that the request of coverage for metacarpal extensor tenolysis, left 3rd and 4th metacarpal capsulotomy and possible hardware removal and indicated procedures, as an outpatient is considered not medically necessary and appropriate in this claimant.

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

Complications and range of motion following plate fixation of metacarpal and phalangeal fractures.J Hand Surg Am. 1998 Sep;23(5):827-32 Page SM1, Stern PJ.

Complications in phalangeal and metacarpal fracture management. Results of extensor tenolysis. Creighton JJ Jr, Steichen JB.Hand Clin. 1994 Feb;10(1):111-6.
PMID:818877

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.