

True Decisions Inc.

An Independent Review Organization

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IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Z-Plasty left index finger

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with history of an occupational claim from XXXXX. The mechanism of injury is detailed as a XXXX injury. The current diagnosis is documented as laceration of flexor muscle, fascia tendon of the finger. Prior relevant treatment included medications and physical therapy. Relevant medications included acetaminophen and cephalexin. On XXXX the patient was seen for evaluation regarding laceration of the left index finger. The physical examination revealed a slowly healing wound of the left index finger, range of motion demonstrated with MPJ +10/80°, PIPJ 0/80°, DIPJ 20/40° with total action motion decreased at 180°. The treatment plan included a Z-plasty procedure after the wound has healed. On XXXX, the patient was seen for an evaluation regarding a laceration of the left index finger. The patient was recommended surgery for the digit with Z-plasty for the contracted scar which was inhibiting full active range of motion. The physical examination revealed limited full range of motion of the digit was contractile scar.

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

According to peer-reviewed literature, z-plasty is recommended when there is a need for elongation along the axis of the scar, dispersal of the scar followed by breaking up the straight-line scar and realigning the scar within the lines of minimal tension. The submitted clinical documents noted that the patient had limited range of motion of the left index finger due to scarring from a previous laceration. However, the updated evaluation report did not include range of motion values to indicate the severity of limitation. Given the above, there is a lack of documented evidence of severe functional deficits to warrant the requested procedure. As such, the request for Z-plasty left index finger is not medically necessary and the prior decision is upheld.

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
- ☐ AHRQ- 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
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

1.) Yotsuyanagi, T., Yamashita, K., Gonda, A., Kato, S., Sugai, A., Yamada, T., ... & Saito, T. (2013). Double combined Z-plasty for wide-scar contracture release. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 66(5), 629-633. 2.) Mutaf, M., Temel, M., & Koç, M. N. (2017). A New Surgical Technique for Closure of Pilonidal Sinus Defects: Triangular Closure Technique. *Medical Science Monitor : International Medical Journal of Experimental and Clinical Research*, 23, 1033–1042. <http://doi.org/10.12659/MSM.899879>