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IRO REVIEWER REPORT

Date: 1/22/2018 4:42:18 PM CST

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 sessions (2 X week X 4 weeks) of Occupational Therapy for Left Hand

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

General Surgery

REVIEW OUTCOME:

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

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves the XXXX with a history of an occupational claim from XXXX. The documentation indicated the patient suffered XXXX to the left hand and was diagnosed with displaced fractures of the proximal phalanx of the right little finger and left middle finger. The patient did undergo surgical intervention to include open reduction internal fixation of the left small and ring finger on XXXX. On XXXX the patient was seen for a follow-up. The patient continued with weakness to the upper extremity. The documentation indicated the patient has had therapy bracing and medications. The documentation indicated XXXX has been performing home exercise program however XXXX continues to have substantial finger stiffness and likely flexor tendon adhesions. The examination revealed range of motion from 20–80° with the small and ring finger MCP. There was difficulty maintaining a flexed posture with seated the PIP there was no gross motion appreciated to the fracture site of the ring finger. The physician indicated the small finger fracture had healed in the ring finger and a partial union/fibrous union. There was substantial finger stiffness as well as likely flexor tendon adhesions due to scar tissue and the recommendation was made for aggressive therapy. Physician stated the patient may be candidate for a flexor tendon lysis however XXXX was wanting to obtain better passive digital range of motion prior to surgical intervention.

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

Within the documentation it was noted this patient has had surgical intervention to include an open reduction internal fixation. The patient did suffer a XXXX in XXXX. The documentation stated the patient has performed therapy with a home exercise program however, continues to have significant deficits with range of motion to the fingers. The documentation does indicate ultimately the patient will likely have to undergo a tenolysis. Additional therapy was recommended prior to surgical intervention which is recommended per guidelines. Given the documentation does indicate this patient has undergone therapy and has been compliant with home exercise program however continues to have significant deficits in surgical intervention will be the most likely outcome obtaining the best range of motion value prior to surgical intervention will likely result in a better outcome.

As such, the previous denial is overturned.

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

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Forearm, Wrist and Hand/Physical/Occupation therapy.