Envoy Medical Systems, LP
1726 Cricket Hollow Drive
Austin, TX 78758

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #XX

DATE OF REVIEW: 3/06/18

IRO CASE NO. XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Outpatient, Left Finger Tenolysis, PIP Joint Release, Possible Pulley Reconstruction, Possible Hunter Rod Replacement; 26440 26500 26392

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Orthopedic Surgery

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

Upheld	**(Agree)**	**X**
Overturned	(Disagree)	
Partially Overturned	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY
Patient is a XXXX with left index finger, stiffness of the MCPJ (metacarpophalangeal joint) and PIPJ (proximal interphalangeal joint) after crush injury occurring in XXXX. Patient has undergone multiple procedures with resulting stiffness at the above mentioned joints.

Documentation states that patient is less than 6 months from XXXX last surgery and guidelines indicate average time from flexar repair to flexar tenolysis is 8 months. Incomplete documentation also reflects there is no clear evidence that patient had 3 months of physical therapy. Patient was seen by XXXX again XXXX with diagnosis of left second finger proximal phalanx fracture and left second finger tendon injury. Patient was then seen by XXXX, XXXX, with the same diagnosis. Patient was then seen by XXXX, XXXX, with the same diagnosis.

Patient was then seen by XXXX, XXXX, for treatment of the left second finger, weakness and stiffness. The note documents initial evaluation. XXXX recommended rehabilitative therapy. On that same day, patient chose to discontinue therapy. No further rehabilitative therapy visits are documented. Patient was then seen by XXXX, XXXX, with complaint of stiffness and weakness of XXXX left index finger. XXXX was noted to have second MCPJ flexion contracture of 70 degrees, PIPJ flexion contracture of 100 degrees with no significant active or passive motion. PIPJ, left little finger, showed no active motion. Passive extension of the left second MCPJ was 70 degrees. An x-ray showed retained dorsal plate proximal phalanx and suture anchor volar to the middle phalanx. XXXX diagnosis was tendon laceration and stiffness, finger joint of left hand. XXXX recommended surgery to include tenolysis of the MCP and PIP joints, removal of suture anchor, pulley reconstruction over temporary Hunter rod.

Operative note dated XXXX by XXXX documents left index finger, proximal phalanx, open reduction and pinning with I&D. Second operative report dated XXXX by XXXX documents open reduction and internal fixation of left proximal phalanx nonunion with proximal interphalangeal joint capsulotomy,

extensor tenolysis, and manipulation of the PIPJ, manipulation of the MCPJ, and removal of hardware.

A third operative report dated XXXX by XXXX documents left index finger proximal interphalangeal joint capsulectomy, and extensor tenolysis.

Operative report dated XXXX by XXXX documents flexor digitorum profundus tenolysis of the left index finger, flexor digitorum superficialis tenolysis, and partial excision of the flexor digitorum superficialis, ulnar slip.

Operative report dated XXXX by XXXX documents repair of flexor digitorum superficialis tendon, left index finger.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: Literature review of post traumatic stiffness of the PIPJ and MCPJ states that a course of non-operative management with passive and/or dynamic splinting for a significant period of time is recommended prior to surgical intervention. This is supported by articles created by G. Yang, 2014, as well as C. Hogan, 2006.*****

It does not appear that the patient has had a significant trial of non-operative management prior to surgical intervention. There was incomplete documentation of conservative care (occupational or physical therapy).

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE
AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X
MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
MILLIMAN CARE GUIDELINES
ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X
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 X
(PROVIDE DESCRIPTION)

***G. Yang, 2014, "Management of Stiff Finger":...."surgery should be considered when a patient does not respond to a period of nonoperative treatment"..... Clin Plast Surg. 2014 Jul; 41 (3): 501-512**

RM Curtis, "Management of the stiff proximal interphalangeal joint", Hand 1969;1:32–37

PM Weeks, 1978, "Post-traumatic ligamentous instabilities of the wrist"; PubMed, Radiology, Dec; 129(3):641-51; DOI: 10.1148/129.3.641

***CJ Hogan, 2006, "Post-traumatic proximal interphalangeal joint flexion contractures, J Am Acad Orthop Surg. 2006 Sep;14(9):524-33.**

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES

(PROVIDE DESCRIPTION)