

Clear Resolutions Inc.

An Independent Review Organization

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Description of the service or services in dispute:

Right index finger vein wrapping and nerve repair surgery - Under neuroorrhaphy with nerve graft (64911), microsurgical techniques requiring the use of operating microscope (69990).

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Orthopedic Surgery

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XXXX is a XX, XXXX who was diagnosed with laceration without foreign body of the right hand after XXXX suffered an injury on XXXX, when XXXX right palmar hand with XXXX.

On XXXX, the patient was seen by XXXX (Orthopedic Surgery). XXXX continued to have persistent shocking sensations into the index finger that interfered with XXXX ability to grip. Examination of the right hand revealed the skin overlying the extremity was intact. Range-of-motion was intact and within functional range. Grip strength on the right was 45 and on the left was 105. The 2.83 monofilament was appreciated in all digits. Tinel's was positive at the second palmar web-space into the index finger. The patient had significant persistent symptoms in the index finger and wanted to proceed with surgery since the symptoms interfered with XXXX hand function. The pain had diminished XXXX right-hand grip strength significantly, despite the fact that XXXX was right-hand dominant. XXXX was restricted from gripping with the right hand.

Treatment to date included medication (Ciprofloxacin HCl), wound cleaning/dressing and aggressive finger range of motion exercises, which seemed to help the patient.

X-rays of the right hand dated XXXX identified no acute bone abnormality. The joint spaces were well-maintained. The location of injury was anterior aspect of XXXX right hand mid metatarsal in-line with the second finger.

Per a utilization review dated XXXX, XXXX (Orthopedic Surgery) denied the request for right index finger vein wrapping and nerve repair surgery (64911 and 69990). Rationale: "Per evidence-based guidelines, nerve repair surgery recommends nerve reconstructive surgery by repair or graft for lacerated

nerves. Most recent Office Visit report had no documentation of significant objective findings to justify the need for the surgery. Exceptional factors were not noted. Thus, the request is not supported.”

Per reconsideration review by XXXX (Orthopedic Surgery), dated XXXX, the denial of the request was upheld with the following rationale: “There is insufficient documentation of significant objective findings on most recent examination to determine the level and extent of nerve injury. Specifically, the most recent note indicated intact motor and sensory function in the median, ulnar, and radial distributions. There is also insufficient documentation of a motor evaluation which should include tests to determine the range of motion, functionality, and strength in the muscles supplied by the nerve and a sensory evaluation which is used to test for basic protective sensation, 2-point discrimination and to map out all areas of paresthesia.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The information available indicates a XXXX injury with a XXXX on the palmar aspect of the right hand at the midline of the second metacarpal. Initial radiographs did not indicate any periosteal reaction, and the injury was approximately XXXX. The provider appropriately identifies a right index finger partial palmar digital nerve laceration with neuroma symptoms. Surgical intervention was advised within 4-5 weeks of the injury. While the ODG supports the utilization of operative intervention for management of neuromas, the guidelines recommend, at minimum, 3 months of failed conservative treatment. The injury as described would not be consistent with complete nerve laceration as there is no significant neurologic deficit noted distal to the injury. The provider clearly indicates concern for neuroma formation given the positive Tinel’s test at the injury site but given the absence of at least 3 months of conservative management at the time of the proposed operative intervention and reported improvement with initial therapy, the utilization reviews completed on XXXX and XXXX were appropriate in recommending noncertification of the intervention.

Of note, the injured worker is rapidly approaching 3 months out from the injury. If non-operative treatment has been continued throughout the 3 months following the injury, including active and passive range of motion intervention, adaptive modalities including TENS unit, contrast bath, and hydrotherapy, further consideration could be given for authorization of the procedure if additional clinical information is provided to support failure of nonoperative treatment.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)

ODG, 2018: forearm wrist and hand

Neuroma treatment

Recommended as indicated below.

Recommended Neuroma treatment:

Nonoperative Treatment:

- Before any surgical intervention, conservative therapies such as desensitization and physical therapy should be attempted;
- Active and passive range of motion, adaptive modalities including TENS, contrast baths, & hydrotherapy may be helpful.

Surgical Management:

- After three months of failed conservative treatment;
- Only destruction of the nerve cell body completely inhibits regeneration and therefore neuroma formation;

- Four surgical options:

(a) distal sensory neuromas treated by excision of the neuroma and reimplantation of the proximal nerve into muscle or bone marrow, e.g., Interosseous implantation of neuroma into bone;

(b) suspected distal sensory neuromas in which the involved nerve was sectioned proximal to the injury site and re-implanted;

(c) proximal neuromas-in-continuity of major sensorimotor nerves treated by external neurolysis;

(d) proximal major sensorimotor nerve injuries at points of anatomic entrapment treated by external neurolysis and transposition.

- Surgical management of the painful neuroma has three basic principles:

(a) For cases in which an appropriate distal nerve stump and sensory receptors are available, a nerve graft can be used;

(b) For cases in which a distal nerve does not exist and restoration of function in the injured nerve is mandatory, vascularized nerve transfers or sensory free tissue transfers can be used;

(c) For cases in which restoration of function in the injured nerve is not mandatory, many different techniques can be used.