



Specialty Independent Review Organization, Inc.

June 12, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1327-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 54-year-old male smashed his left middle finger against a 15 pound metal casting on _____. The injury resulted in a transverse laceration just proximal to the volar PIP flexion crease. He was unable to flex the sublimis tendon. Additionally, he smashed the end of the finger resulting in an acute mallet injury. The injury resulted in numbness along the volar ulnar surface of the finger.

Patient was taken to surgery on 10/26/2005 to repair the lacerated volar plate, repair of the flexor digitorum sublimis and the flexor digitorum profundus, and repair of the ruptured extensor tendon at the DIP insertion.

Following the surgery the patient has received physical therapy but has reached a plateau with a restricted range of motion of the middle finger PIP joint of 40-80 degrees. The laceration has healed well.

RECORDS REVIEWED

IntraCorp Letters: 3/15 and 4/12/2006.

Liberty Mutual, Letter: 3/23/2006.

W Strinden MD, Report: 3/24/2006.

Notes: 10/26/2005 to 4/11/2006.

P Robinson MD, Report: 3/06/2006.

Records/Doctor Facility:

Wilson, McKewen Rehabilitation, Reports: 12/16/2005 through
3/06/2006.

Strinden MD, OP Note: 10/26/2005.

IntraCorp, Report: 5/09/2006.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a release palm and finger TE (26442).

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient had a crush injury involving his left middle finger resulting in laceration of both extensor and flexor tendons. The patient has reached a plateau with a stiff PIP joint that has not responded to continued physical therapy. According to the American Academy of Orthopedic Surgeons, flexor tendon injury complications will require a tenolysis if there has been no increase in joint measurements for several months. The patient fits the criteria.

REFERENCES

Journal of the American Academy of Orthopedic Surgeons, 1995,
Strickland, Flexor Tendon Injuries: II. Operative Technique Complications.

Green: Operative Hand Surgery, 4th Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the

requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 12th day of June 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli