

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

August 7, 2006

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-06-1610-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 6.27.06.
- Faxed request for provider records made on 6.27.06.
- TDI-DWC issued an Order for payment on 7.6.06.
- TDI-DWC issued an Order for records on 7.11.06.
- The case was assigned to a reviewer on 7.21.06.
- The reviewer rendered a determination on 8.7.06.
- The Notice of Determination was sent on 8.7.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of right middle finger ray resection

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

Mr. ____ sustained a work related on the job injury on ____ while employed with (

Clinical Rationale

There is no supporting documentation regarding the medical necessity of the ray amputation of the long finger. Based upon documents available, the stump has apparently healed nicely. The patient states that he is still using his hand, but at times, he has severe pain in the right hand that is associated particularly

with the motion of his long finger. A trigger finger injection was successful in relieving pain, noted 6.20.05.

The next note available is dated 4.24.06. "During his last visit, we gave him an injection that alleviated the pain he was experiencing."....."On examination today, he is noted to have tenderness about the level of the A1 pulley of the right middle finger, palmer side. The remainder of the examination is unremarkable."

It seems unlikely that the patient would agree to such a procedure with informed consent unless the amputated finger stump is truly bothersome. Again however, the documentation is not available. Based upon this lack of documentation, the denial is upheld.

Clinical Criteria, Utilization Guidelines or other material referenced

- Green's Operative Hand Surgery, 5th Edition.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, 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. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 7th day of August, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

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