

P-IRO Inc.

Notice of Independent Review Decision

Case Number: XX

Date of Notice: 4/17/2019 4:14:01 PM CST

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: manager@p-iro.com

IRO REVIEWER REPORT

Date: 4/17/2019 4:14:01 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1. Exploration and release of XX XX XX XX; 2. XX of XX to the XX XX 1st web space with full thickness XX grafting; 3. Manipulation and XX of XX XX XX-XX XX XX (XX) joints; 4. Exploration and release of XX XX XX XX XX.

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

REVIEW OUTCOME:

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

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

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who sustained a work-related injury on XX when a piece of XX XX XX and XX XX XX XX while XX. On XX, XX. XX was evaluated by XX for a follow-up on the XX XX. XX was status post XX XX open reduction and internal fixation (XX) revision. XX had also undergone surgery for XX damage and XX injury. XX had undergone a previous decompression of XX XX XX and XX nerves of the XX with XX release of the first XX and manipulation of the XX and XX XX joints of the XX, long and XX XX with XX XX muscle release. XX continued to

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have improvement in XX XX, XX and XX and XX; however, XX had not improved to the point of the completion of the XX. XX was going to undergo a XX XX block including a XX nerve block. An orthopedic examination showed tenderness to palpation to the XX XX. The XX, XX and XX had fairly good motion with the exception of the XX. XX had a flexion of 50 degrees and extension of 60 degrees. XX had 0 to 145 degrees while XX had 140 degrees; abduction was around 100 degrees and external rotation on the side was to 50 degrees. The assessment was open reduction and internal fixation of XX XX after failed fixation and nonunion, and XX-XX contractures and XX injuries with nerve and soft tissue injury. XX was advised to continue XX, XX, XX, and XX rehabilitation as tolerated. Treatment to date included medications (XX), surgical intervention (exploration, release of XX XX XX XX nerve and median nerve at the XX XX with excision of XX to the XX XX XX web space with full-thickness XX grafting; manipulation and XX of XX XX (PIP) joints XX of the XX XX, and open reduction internal fixation with revision of open reduction internal fixation for XX XX mid-shaft fracture), XX therapy, XX therapy including XX, XX, XX and XX rehabilitation and use of a XX XX. Per a utilization review determination letter by XX dated XX, the request for exploration and release of XX XX XX XX, excision of XX to the XX XX XX web space with full-thickness XX XX, manipulation and XX of XX XX XX XX XX (XX) joints, and exploration and release of XX XX XX XX nerve was not certified. It was determined that the documentation specifically seemed to indicate persistent stiffness despite extensive XX therapy. Therefore, the request for excision of XX to the XX XX first web space with full-thickness XX XX; and manipulation and XX of XX XX XX XX XX (XX) joints appears "supported." However, the documentation appeared to indicate the patient underwent a previous medial and XX nerve XX. It was unclear whether that was prior to or after the EMG/NCS. Therefore, the indication for repeat XX was unclear. XX attempted to contact the surgeon to garner additional information or exceptional circumstances, but that was unsuccessful. Therefore, based upon the provided documentation, the request was not supported at the time. A letter dated XX by XX indicated that the reconsideration request for was denied. Per evidence-based guidelines, surgery was indicated after provision of conservative care in conditions with pertinent subjective complaints and objective findings corroborated by imaging studies. The electromyography studies to the XX XX XX demonstrated nerve, sensory, motor XX to the median and the XX nerves; however, the actual electromyography (EMG) report was not submitted in the review to verify the information. It was noted that XX. XX underwent decompression of the XX median and XX nerves at the XX with XX release of the first web space contracture and manipulation of XX (XX) and XX XX (XX) joints of the XX, long and XX XX with XX XX muscle release. XX. XX continued to complain of persistent XX XX XX pain to the entire XX, specifically to the XX as well as continued XX to the XX XX, which prevented XX from being able to return back to XX duty. Treatment plan included exploration, release of XX XX XX XX nerve and median nerve at the XX XX with excision of XX to the XX XX XX web space with full-thickness XX XX; manipulation and XX of XX XX (XX) joints XX of the XX XX. However, the presented subjective complaints and objective clinical findings were insufficient to indicate significant pathology to necessitate the need for the current requested exploration and release of XX XX XX XX nerve; exploration and release of XX XX median nerve. In addition, although it was noted that XX had XX therapy and XX therapy, objective evidence that XX tried and exhausted other conservative treatment such as activity modification greater than equal to XX, XX XX XX greater than equal XX, nonprescription analgesia, and non-steroidal anti-inflammatory medications (NSAIDs) was still not fully established. Moreover, there were no additional medicals noting significant objective changes in the medical records submitted to address the previous reasons for denial. As for excision of XX to the XX XX, the presented objective clinical findings were limited to indicate significant pathology to necessitate the need for the ongoing requested procedure. In addition, it was noted that XX was able to make a XX XX secondary to overall stiffness to all XX (XX) and XX (XX) joints. Moreover, exhaustion and failure from non-operative treatment prior to considering surgical intervention was fully established as it was on the therapy report dated XX that XX presented improvement on passive / active range of motion XX II-V and XX range of motion; XX XX XX (XX) / XX XX XX (XX) tendon excursion to "XX", XX XX XX XX (XX) and XX XX XX; XX web space for XX / opposition with use of XX; mobility with decreased stiffness of the involved XX with improved XX due to XX XX; XX XX / opposition. Moreover, there were no additional medicals noting significant objective changes in the medical records submitted to address the previous reasons for denial. Clear exceptional factors were not identified as well. Therefore, the requests for exploration and release of XX XX XX XX nerve; exploration and release of

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XX XX XX nerve; excision of XX to the XX XX XX web space with full-thickness XX XX; and manipulation and XX of XX XX XX XX XX (XX) joints was not supported. Per an addendum report, XX stated that XX. XX had at the time on injury, a released XX and XX nerve at the XX because of the XX. XX had an injury at level of XX XX (XX). Postoperatively, XX had healed up well. XX continued to have XX XX symptoms. XX had reasonable motion. Preoperative plan was to go back in and release XX XX and XX XX at the XX, do a 'fair amount of manipulation' and do an injection. XX did not fully meet the criteria per Official Disability Guidelines. No further pertinent clinical information was provided. The previous denial was upheld. XX. XX had under gone multiple procedures previously. XX was not XX months out from the initial injury. Manipulation under anesthesia was not shown to be effective Therefore, all of the above requests were not supported.

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

The ODG recommends XX XX and XX XX release of the XX when the referenced criteria are met. The ODG does not recommend manipulation under anesthesia for the XX, XX or XX. The referenced medical literature supports XX for XX XX stiffness. This is a request for exploration and release of XX XX XX XX, excision of XX to the XX XX web space with full-thickness XX XX, manipulation and XX of the XX XX XX through XX XX XX joints, and exploration and release of XX upper XX XX nerve. The provided documentation indicates previous treatment has included a XX of XX XX median and XX nerves of the XX with XX release of the XX webspace and manipulation of the XX and XX XX joints of the XX, long and XX XX with XX XX muscle release on XX. While there is evidence of persistent stiffness despite treatment XX therapy, there is no evidence of treatment failures with analgesics, XX, and/or injections. Furthermore, the most recent provided clinical progress note from XX does not document objective findings of XX or XX XX or specific range of motion parameters of the XX. The physical examination from XX documents and ability to make a closed XX, so it is unclear why manipulation and XX of the XX XX would be necessary. The physical examination from XX also documents a well-healed XX XX, so it is unclear why the proposed full-thickness XX XX would be necessary. An electrodiagnostic study results report is not provided.

Based on the provided documentation, the exploration and release of XX XX XX XX, excision of XX to the XX XX web space with full-thickness XX XX, manipulation and XX of the XX XX XX through XX XX XX joints, and exploration and release of XX XX XX XX nerve are not medically necessary and the decision is upheld.

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

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- 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

ODG, 2019: XX XX Syndrome