Applied Independent Review

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Notice of Independent Review Decision

Case Number: **XX** ***Date of Notice:*** 02/19/2019

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

Hardware removal, extensor XX of the XX, intrinsic release and XX joint XX of the XX, XX, XX, and XX XX

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

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

Patient Clinical History (Summary)

XX. XX is a XX-year-old XX who was injured on XX. While in the ordinary scope of XX employment with XX as a XX, XX XX XX XX was XX.

On XX, XX evaluated XX. XX for XX joint stiffness, closed fracture of the XX XX and XX of the XX, history of XX accident, and complex regional XX. XX. XX had XX XX XX stiffness and XX extension contracture as a result of the complex regional XX (XX) and tendon / joint XX after open reduction and internal fixation of the XX XX XX XX fracture the previous year. XX had dull, moderate pain after activity. Range of motion aggravated the pain. XX continued to have significant stiffness with intrinsic tightness of the XX, XX, XX, and XX XX. The passive flexion of the XX XX was restricted due to the extensor tendon adhesions. There did not appear to be any active complex regional XX at the time. The assessment was XX XX joint stiffness, history of XX accident, complex regional XX, closed fracture of the XX and XX of the XX XX XX, and extension contracture of the XX XX XX joint. XX opined that XX. XX would benefit from hardware removal, extensor XX of the XX XX XX, and intrinsic release and XX joint (XX) XX of the XX, XX, XX, and XX XX.

XX evaluated XX. XX for a follow-up on XX. XX. XX continued to have pain symptoms and XX was previously seen on XX. XX had stopped the XX and XX secondary to its side effects. XX continued to have disabling pain symptoms. On examination, XX had swelling, XX, XX, and glossy appearance of the XX XX. XX had XX-related weakness of the XX XX with manual muscle testing. XX had XX-related weakness of the XX XX, XX-related weakness of the XX XX, XX-related weakness of the extensor XX XX, XX-related weakness of the XX XX, and XX-related weakness of the XX XX with manual muscle testing. A XX, continued approval of XX therapy, and authorization for a repeat XX XX XX block with a monitored anesthesia care were recommended. XX, XX, and XX were discontinued.

On XX, XX evaluated XX. XX for a XX of XX injury to the XX XX from XX. XX continued to have limited use of the XX XX. XX had further evaluations postponed by the insurance company and was awaiting approval to move on. XX continued to see a pain management specialist. XX complained of numbness to the XX and occasional XX from under the XX. There was evidence of XX around the XX. XX was working modified

duty. It was documented that XX had XX XX XX injury, fracture, and status post XX surgery and complex regional XX (XX). XX continued to have periodic XX, "XX problem" like a "XX in my XX." XX had seen pain management to see if XX could get another block, but that had to be authorized by insurance. On examination, XX XX XX was dry, XX were cracked, and old XX was visualized to the XX of the XX and XX nails of the XX XX. Range of motion (ROM) was diminished to all XX. Capillary refill was normal, but sensation was diminished. Inspection of the XX XX revealed XX, XX, XX to the XX of XX XXX. Per XX, XX. XX was at maximum medical improvement (MMI), but would have permanent restrictions and / or permanent partial disability.

XX performed a post-designated doctor required medical examination (RME) on XX. XX addressed certification #1, which consisted of the carrier-accepted compensable injury. Of note, at the time of the XX designated doctor examination (DDE) XX stated "CRPS is not present." Certification #2 included those conditions addressed in certification #1 and the XX XX sprain / strain and XX XX extremity traction injury. Per the certification #1, and certification #2, XX. XX had reached maximum medical improvement (MMI) on XX and XX was given a whole person impairment (WPI) of 8%. Per XX, a designated doctor examination was performed by XX dated XX, in which extent of injury (EOI), MMI, IR, return to work and extent of injury were addressed. XX did not agree that XX. XX was limited to return to work from XX through the present date with restrictions nor did XX agree XX. XX sustained disability during that period of time.

On XX, XX performed a designated doctor examination (DDE). XX XX XX was 80 degrees, supination of 70 degrees, flexion of 40 degrees, extension of 50 degrees, radial deviation of 24 degrees, and XX deviation of 30 degrees. XX second XX XX XX joint flexion and extension were -6 degrees with XX. XX XX XX joint (XX) flexion and extension was 0 degrees with XX. XX XX joint (MCP) flexion was 35 degrees and extension was 0 degrees. Neurologically, two-point discrimination on the XX XX was 1 point at 6 mm and 2 points at 15 mm. The deep tendon reflexes of the XX, XX, and XX were 2+ with very intense pain and guarding on the XX side. Only with XX trust would XX get to 2+; otherwise, it was 1+. XX had shooting pain in the XX XX with reflex checks and pain down to the XX. Upon sensory examination of the XX XX extremity, XX had greatly increased sensitivity of the XX XX XX and XX, except the second XX was less sensitive. Vibration was greatly increased at the XX, XX XX, and XX XX on the XX side. The muscle strength measurements of the XX extremity major muscles were 4/5+ on the XX side with intense pain. XX opined that XX. XX was not at maximum medical improvement (MMI). The proposed MMI date was XX.

Per the available records, x-rays of the XX XX showed a comminuted fracture of the XX XX XX of the XX XX XX.

The treatment to date consisted of surgical intervention (XX XX XX surgery with internal fixation of a plate), medications (XX, XX, XX, XX XX), and XX therapy.

A utilization review decision letter dated XX, XX denied the request for hardware removal, extensor XX of the XX XX XX, intrinsic releases and XX joint XX of the XX, XX, XX and XX XX. Rationale: "The Official Disability Guidelines (ODG) states that routine removal of hardware implanted for fracture fixation is not recommended except when there are exposed prominent pins, broken hardware, or persistent pain after ruling out other causes of pain. The ODG states that XX is recommended when stiffness persists despite at least XX months of conservative treatment. The ODG supports the use of a surgical assistant for more complex surgical procedures. The provided documentation reveals persistent XX XX XX stiffness following open reduction and internal fixation of a XX XX fracture performed XX XX. There is also noted stiffness of the XX XX, XX, and XX XX XX joints; however, specific range of motion parameters are not documented. It is unclear if there has been attempted treatment with therapy and an injection. There is no evidence of symptomatic or failed hardware of the XX XX. Based on the provided documentation, the hardware removal and extensor XX of the XX XX XX and the intrinsic releases and XX joint capsulotomies of the XX, XX, XX, and XX XX with a surgical assistant, is not medically necessary."

Per a utilization review decision letter dated XX, XX non-certified the requested service for hardware removal, extensor XX of the XX XX XX, intrinsic releases and XX joint, and XX of the XX, XX, XX and XX XX. Rationale: "The appealed request is for hardware removal, extensor XX of the XX XX XX, and intrinsic releases and XX joint capsulectomies of the XX, XX, XX and XX XX. The previous review denied the request, stating "It is unclear if there has been attempted treatment with therapy and an injection. There is no evidence of symptomatic or failed hardware of the XX XX." The Official Disability Guidelines

(ODG) states that routine removal of hardware implanted for fracture fixation is not recommended except when there are exposed prominent pins, broken hardware, or persistent pain after ruling out other causes of pain. The ODG states that XX is recommended when stiffness persists despite at least XX months of conservative treatment. The provided documentation reveals persistent XX XX XX stiffness following an open reduction and internal fixation of a XX XX fracture performed XX XX. There is also noted stiffness of the XX XX, XX and XX XX XX joints. However, specific range of motion parameters are not documented. It is unclear if there has been attempted treatment with therapy and an injection. There is no evidence of symptomatic or failed hardware of the XX XX. Based on the provided documentation, the appealed request is not medically necessary."

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

The claimant sustained an acute fracture of the XX XX XX at the XX XX. The claimant is status post open reduction and internal fixation of the fracture. The claimant did attend post-operative XX therapy according to the provided records. Despite extensive post-operative rehabilitation, the claimant still had difficulty with function of the XX XX. The recent IME dated XX noted an XX XX XX XX with flexion and extension at the XX XX joint and XX XX joint. Given the very limited range of motion and ongoing pain, the claimant is a reasonable candidate for surgery. The claimant has failed reasonable rehabilitation following the original surgery. It is very unlikely that injections would have any significant effect on the claimant's XX. Therefore, it is this reviewer's opinion that medical necessity for the requested procedures is established and the prior denials are overturned. Given the documentation available, the requested service(s) is considered medically necessary.

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 Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)