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***Notice of Independent Review Decision***  
***Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

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

**REVIEW OUTCOME:**

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

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

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## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X. The diagnosis was unspecified open wound of right index finger with damage to nail, subsequent encounter. X was seen by X, MD on X, X, X, and X for right upper extremity pain. On X, it was noted that X was able to stand, sit, and walk for less than X minutes. The pain level was X at the time, X at worst, and X at best. The pain was felt like constant throbbing, burning, soreness, and numbness and tingling. Nothing helped for the pain. X wished to get a X. The examination revealed X changes in the right index finger. On X, the complaints and examination remained unchanged from the prior visit. X was offered and X wanted to think about it. On X, X wished to proceed with X. For the procedure, X communicated a willingness for X during the procedure. X had a degree of X. X understood that it was important to minimize sudden movement during the procedure. X expressed a X was being performed. "Per American society of anesthesiologists guidelines, was a candidate for MAC." Risks and benefits were discussed with X and X was willing to proceed, the proposed procedure was for the purpose of improving function and decreasing pain. On X, X reported upper extremity pain. X was able to stand, sit, and walk for less than X minutes. The pain level was X at the time, X at worst, and X at best. The pain was described as constant X. Nothing helped with the pain. There were no significant changes since the prior visit and X was awaiting approval for X. There were no significant changes in the examination since the prior office visit. On X, X presented to X, MD with upper extremity pain. X was able to stand, sit, and walk for less than X minutes. The pain level was X at the time, X at worst, and X at best. The pain was described as X. Nothing helped with the pain. There were no significant changes since the prior visit. X was denied. The examination remained unchanged from the prior visit. The plan was to appeal for denial. X was seen by X, MD /X, APRN on X for a re-evaluation of right second digit smashed finger. X continued to have pain when attempting to move X second digit finger. X denied taking any pain

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medications because X finished them. X last X was on X. X had seen Dr. X the ongoing day and X stated X had contacted them, but no response. The pain level was X at the time. The examination revealed a significant decrease in grip strength versus the left side. X was X degrees and "X was X degrees." X of the right index finger was noted. X was noted. A X of the hands and wrists with whole-body imaging dated X showed increased activity in all X phases in the distal aspect of the right index finger. Infection could not be excluded and clinical correlation was needed. The blood flow and blood pool should have resolved with uncomplicated postoperative healing, alternately, but felt to be less likely, too X to the right index finger. There were X. An MRI of the right hand dated X revealed susceptibility artifact at the level of the distal phalanx second digit related to several X. An x-rays of the right hand index finger dated X demonstrated X. Right second finger x-rays dated X revealed X. There was an overlying soft tissue injury. Treatment to date included X. Per a utilization review adverse determination letter and a peer review report dated X by X, MD, the request for X was denied. Rationale: "X. ODG by MCG ([www.mcg.com/odg](http://www.mcg.com/odg)) states "X." Within the medical information available for review, there is documentation that the patient has continued right upper extremity pain despite conservative care. However, there is documentation of the X medical report identifying that X were not noted in the right index finger. As such, there is no clear documentation that the X have been fulfilled. In addition, there is no clear documentation that the patient has ongoing active physical or occupational therapy or a plan identifying that the requested x is to be used in combination with X. Therefore, certification of the requested X is not recommended. Given my recommendation for non-certification of the associated request for X, I am recommending non-certifying the associated request. "Per a utilization review adverse determination letter and peer review report dated X by X, MD, the request for X was non-certified. Rationale: "ODG by MCG ([www.mcg.com/odg](http://www.mcg.com/odg)) states "X." Within the medical information available for review, there is documentation that an adverse determination was rendered regarding the request. In addition, there is documentation that the patient has continued right upper extremity pain despite conservative care. However, there remains documentation of the X medical report identifying that X were not noted in the right index finger. As such, there remains no clear documentation that the X have been fulfilled. In addition, there remains no clear documentation that the patient has ongoing active physical or occupational therapy or a plan identifying

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that the requested X is to be used in combination with active physical or occupational therapy. As such, the previous adverse determination's concerns have not been addressed. Therefore, certification of the requested Appeal: X is not recommended. Given my recommendation for non-certification of the associated request for X, I am recommending non-certifying the associated request. "Thoroughly reviewed provided records including peer reviews. Patient has continued pain in right index finger but does not appear to meet criteria for diagnosis of CRPS, and unclear if has had extensive conservative therapy for this condition. Thus X is not medically necessary and non certified

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

Patient has continued pain in right index finger but does not appear to meet criteria for diagnosis of CRPS, and unclear if has had extensive conservative therapy for this condition. Thus X is not medically necessary and non certified

Upheld

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**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
- 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
- TMF SCREENING CRITERIA MANUAL