

**True Decisions Inc.**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #615**  
**Mansfield, TX 76063**  
**Phone: (512) 298-4786**  
**Fax: (888) 507-6912**  
**Email: @truedecisionsiro.com**  
***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date:** 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

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

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X explained x was changing an X. The X, injuring and lacerating x left index finger. The diagnosis was The assessment was injury of digital nerve of left index finger, neuroma, and work-related injury. On X, X was seen by X,

MD for a follow-up visit. X had a history of traumatic laceration of the left index finger. X never had repair. X stated X had no function of the left index finger, had severe pain, scar, and loss of sensation of the finger. X stated that X would like to get X finger fixed. On examination, blood pressure was 139/81 mmHg, weight 160 pounds and BMI was 25.82 kg/m<sup>2</sup>. On left hand examination, the left index finger showed an X. There was X. There was X to the index finger due to neuroma. An ultrasound of left hand was performed and reviewed. It revealed left index finger with X. The left index finger was with X. The assessment was injury of digital nerve of left index finger, neuroma, and work-related injury. The following treatment options were discussed in detail with X if needed; do nothing; observe;X;X. X wanted surgery. The risks and benefits were discussed and surgery ordered. An MRI of the left hand dated X revealed X. There was mild soft tissue swelling at the second digit. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for surgery –X was denied. Rationale: “Per the Official Disability Guidelines (ODG) X are recommended for X. X should be performed immediately or within several days of injury, to permit early mobilization and minimize complications. X usually involves a X. X can be accomplished with X. X is recommended for X. The claimant had X. There was a X to the left index finger with X. There was X. There was X due to X. I spoke to X, DC, a X, at X who does the reviews for X, MD. This case needs clarification. An X is not sensitive enough to diagnose an injury to a nerve in a finger. The MRI does not show a X injury that requires repair. In addition, you would not want to do a X. You need to free up the X. Clarification is needed for the request for X. The only portion that may be medically appropriate with be a release of the X. It is also unclear why this consultation is with a chiropractor for review of a hand case. As such, the request for X is noncertified. Because an adverse determination for surgery has been rendered, an adverse determination of any associated pre-operative clearance is also rendered. “Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Official Disability Guidelines conditionally recommends X. Official Disability Guidelines conditionally recommends X. X MRI of left hand noted X. Therefore, the request for X is non-certified. Because an adverse determination for surgery has been rendered, an adverse determination for any associated pre-operative clearance is also rendered. “Based on review of the submitted medical records, the claimant had a left index finger laceration and the left index finger exam noted an X. However, the exam findings and imaging X. The records do not indicate conservative treatment to date and response. Based on these findings, the request

for 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:**

Based on review of the submitted medical records, the claimant had a left index finger laceration and the left index finger exam noted an X. An ultrasound of left hand reportedly revealed a X. Furthermore, there is no definitive physical examination findings indicating a X. The records do not indicate X. Based on these findings, the request for X is not medically necessary and non certified

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
- 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