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Notice of Independent Review Decision
Amendment X
Amendment X

IRO REVIEWER REPORT

Date: X: Amendment 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: Orthopaedic Surgery

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 was carrying heavy boxes when X struck X left small finger with an immediate onset of pain. The diagnosis was left small soft tissue mallet finger. X was seen by X, PA-C on X for the evaluation of left hand, which had been bothering X since X after X sustained a work-related injury. X localized X pain to X left small finger, which was burning in nature. X pain was exacerbated with flexion and extension of the small finger. X was diagnosed with a mallet finger at X prior visit and instructed to perform continuous splinting. X had been removing X splint regularly and X symptoms remained unchanged. Examination of the left hand showed left small mallet finger. There was full painless range of motion. Motor testing was X with index / long finger cross, resisted finger abduction, "OK" sign, and thumb extension. No instability was noted on stability testing. No hand intrinsic muscle atrophy was noted. Sensation was intact to light touch in median, ulnar, and radial nerve distribution. Per X, X had been removing X mallet splint regularly and X mallet finger had remained unchanged. X was instructed to wear the mallet splint for X weeks continuously, and if it fell, X had to start over. X more weeks of X were discussed. X wished to proceed with the X. X visited X, MD on X for the evaluation of left hand. X localized X pain to X left small finger, which was burning in nature. X pain was exacerbated with flexion and extension of the small finger. X had been using a finger splint with some relief. The pain was rated X. Examination of the left hand showed left small mallet finger. There was full painless range of motion. Motor testing was X with index / long finger cross, resisted finger abduction, "OK" sign, and thumb extension. X was noted on stability testing. X was noted. X was intact to X. X-rays of the left small finger demonstrated negative for X. The plan included X weeks of extension splint immobilization. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was noncertified. The determination date was X. Rationale: "Diagnosis includes the left small finger mallet finger. X were documented. There is a complaint of pain in the left small finger exacerbated by flexion and extension. Results of physical examination off the left hand and left small finger notes full painless range of motion and X strength. Previous treatment has included X. They have been removing the splint regularly despite

guidance. "Per a utilization review adverse determination letter dated X by X, MD, the request for X was noncertified. The determination date was X. Rationale: "The current diagnosis is Mallet finger of left finger(s). X were not identified. On X, the claimant was seen for an office visit and reported burning pain in the left small finger that was exacerbated with flexion and extension. The claimant has been removing their finger splint regularly and the symptoms remained unchanged. On exam, the left hand left small mallet finger. There was a full painless range of motion. Motor strength was X with index/long finger cross, resisted finger abduction. X noted. There was X. X to light touch in the median, ulnar and radial nerve distribution. Left hand x-ray done X with impression of, there is flexion deformity of the DIP joint. X were identified. No other significant findings. This request was previously reviewed and denied as there was a normal examination of the left small finger. The examination notes full pain, less range of motion and normal strength of the left small finger. This does not indicate the presence of a mallet finger deformity. "Based on the submitted medical records, the requested X is not medically necessary. The medical records reflect that the patient has been X. As such, the requested procedure has not met the appropriate guidelines and is not considered to be medically appropriate. 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 the submitted medical records, the requested X is not medically necessary. The medical records reflect that the patient has been noncompliant with the treatment X. In addition, the medical records do not demonstrate any functional deficits or painful motion of the affected finger. As such, the requested procedure has not met the appropriate guidelines and is not considered to be medically appropriate. 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**