

Notice of Independent Review Decision

Decision date:X:

Amendment date:X:

RE: IRO Case number X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X who sustained a work-related injury when X had taken X X. X underwent X on X and was seen by physical/occupational therapy. X had X on X with some improvement. X had X on X with little improvement. X is requesting coverage of X.

Progress Note by X, MD dated X documents history of present illness as "Date of burn injury: X. Percent body surface area: X. Mechanism of burn injury: scald burn to left hand and wrist from X. Graft: X. Last seen on X. Since then, patients report significant stinging pain to left hand. X also has noticed a blister as of X days ago on the dorsal lateral hand as well as some raised areas of the graft. Has a painful raised area at the base of the thumb that may be attached to a nerve ending, causing exquisite pain to palpation at times. With X at X with physical examination documenting skin: some raised areas of skin graft to left hand and fingers. Neurologic: sensation diminished over distal left thumb strength X. With visit diagnoses as Primary: Burn of left hand, third degree, subsequent encounter, H/O skin graft and Burn (any degree) involving less than 10% of body surface."

Burn Surgery Progress Note by X, MD, MPH dated X documents the subjective information as "X . Presenting to clinic with pain to left hand. Reports X is not taking any oral medications for pain as they were not helping, including X. X is interested in making X hand look better 'smoother' like the flat

parts of X graft and would like to make it feel more normal if possible. Onset: ~X months. Location: dorsum of left hand at site of skin graft. Duration: constant, worse when X wakes up. Character: "pins and needles," minimal pruritis. Severity: X intensity." And physical examination of the skin as " X.X." Assessment is documented as "X. Presenting to clinic with pain, pruritis, and skin tags to dorsal aspect of left hand. Given symptoms of stabbing, pruritic, tightness to scar and history of burn to dorsum of left hand sip STAG pt would be a good candidate for X.

Denial letter from X dated X states "Based on this reconsideration review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld. Specific Treatment Plan Requested X. The concurrent request for X is noncertified. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X. Because scars mature over at least a X month period, with decrease of contractures, flattening, softening, and repigmentation, X should be delayed. X of an immature scar may further lead to increased postoperative scar formation. In this case, the claimant sustained a work-related injury to X left hand on X and suffered a third-degree burn to left hand. X had full thickness burn on the left hand that was tangentially excised and grafted. X underwent X on X and was seen by physical/ occupational therapy. X has had X on X with some improvement in itch, skin texture, and neuropathic symptoms. X had X on X. However, improvement from

X latest X could not be validated from records provided to support the X scheduled on X. As such, nonsurgical therapies should always be considered before surgical intervention. A systematic review of burn scar contracture treatment concluded that due to the scarcity and low quality of studies, no definitive recommendations could be reached regarding the effectiveness of different techniques. Hence, the appeal request for X is not supported.”

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X who sustained a work-related injury when a X. X has had X on X.

According to the ODG guidelines X. X of an immature scar may further lead to increased postoperative scar formation.

Based on the clinical documentation provided, the claimant does not meet the ODG guidelines for X. The clinical documentation does not show where the claimant has had a scar present for X.

Therefore, after extensive review of the provided documentation, medical records, referenced literature and guidelines it is the professional medical opinion of this reviewer that the request for coverage of X is not medically necessary.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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