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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. The reported mechanism of injury was X. The diagnoses were contusion of left thumb without damage to nail, subsequent encounter (X); unspecified sprain of right index finger, subsequent encounter (X); and sprain of unspecified part of right wrist and hand, subsequent encounter (X). X was seen by X, MD /X, NP from X. On X, X complained of swelling and stiffness in the right index finger, which was no longer improving. The pain level was X, only when flexing the finger. The pain level was X when the finger was in a neutral position. X felt a tight pull in the right proximal phalange of the index finger with flexion. X had developed pain and popping in the right wrist with use, e.g. push-ups. Examination of the fingers of the right hand showed swelling over the second PIP and finger tenderness in the second digit. Strength was decreased with finger flexion and extension. Intact sensation was noted. Range of motion was decreased with finger flexion and extension finger. The right wrist was unremarkable to examination except for pain and popping with use. The assessment included contusion of right index finger without damage to nails, subsequent encounter, right, acute, currently appearing controlled, condition uncomplicated, resolved; and sprain of unspecified parts of right wrist, subsequent encounter, right, acute, currently uncontrolled, condition complicated, additional workup required; and sprain of unspecified part of right wrist, hand, subsequent encounter, right, acute, currently uncontrolled, condition complicated, additional work-up required. On X, X presented for a follow-up visit. X reported, "During

restraint of X. knee and finger during the process". X stated that swelling and stiffness in the right finger were worsening. The pain level was X on an average and increased up to X when flexing the finger. The increased pain would last for a few hours before resuming X baseline plan. X felt a tight pull in the right proximal phalange of the index finger with flexion. Examination of the fingers of the right-hand revealed swelling in the second proximal interphalangeal (PIP). There was finger tenderness in the second digit. There was decreased strength in the finger flexion and finger extension. Range of motion was decreased with finger flexion and extension. The back of the right hand and right wrist were unremarkable to examination. The assessment included X. The condition of unspecified sprain of right index finger was uncontrolled and complicated at the time. X was to discontinue X. X was prescribed X. X was instructed to apply X. On X, a prescription for an MRI of the right wrist and index finger was provided. X-rays of the hand dated X showed X. There was no radiographically apparent acute soft tissue abnormality. Treatment to date included X. Per a peer review and initial adverse determination letter dated X, the request for an X was denied by X, DO. Rationale for an X: "Per ODG X. Recommended for X. X, known or suspected, initial x-ray negative or indeterminate, and 1 or more of the following, X." The current request is not medically necessary for the patient, as the right wrist was unremarkable on the exam, and there is no indication of suspected fracture or re-injury. and as current treatment plan does not correlate with this request, as the plan is recommended for X. Therefore, the request for X is non-certified." Rationale for an X. "Per ODG, X is conditionally recommended. Recommended for X, known or suspected, and 1 or more of the following, X.X,X." Although the patient had decreased finger strength on the exam, the current request is not medically necessary for this patient, as the current treatment plan does not correlate with this request, as the plan recommended for X. Therefore, the request for an X is non-certified." Per a reconsideration

adverse determination letter / peer review dated X, the request for an X was denied by X, MD. Rationale: "Per ODG, ' X. X.'" In this case, the claimant complains of right index finger pain. Physical examination of the right-hand X. Per the peer to peer discussion with the treating provider, there is a concern for X. However, a complete and formal x-ray report is not provided for review, Additionally, there is no documentation of a X. As such. the request is not certified. "Thoroughly reviewed provided records including clinical notes, peer reviews, imaging findings. Patient does not meet cited ODG criteria for X. In appeal, X noted that "this is a legitimate injury" as the reason why patient should have an X. However, just because someone has an injury to their wrist or index finger, does not necessarily mean they would benefit from an X. Aside from the cited criteria, studies should be performed if they will change medical management. Plan is to X. Unclear how X. No documentation of subjective issues, objective findings, or clinical plan correlates with any significant issue which would require surgery or further investigation with X. 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:

Thoroughly reviewed provided records including clinical notes, peer reviews, imaging findings. Patient does not meet cited ODG criteria for X. In appeal, X noted that "this is a legitimate injury" as the reason why patient should have an X. However, just because someone has an injury to their wrist or index finger, does not necessarily mean they would benefit from an X. Aside from the cited criteria, studies should be performed if they will change medical management. Plan is to X. Unclear how X would change this plan. No documentation of subjective issues, objective findings, or clinical plan correlates with any significant

issue which would require surgery or further investigation with 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