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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. X was reportedly X. The diagnosis included burn contracture of web space of hand, hypertrophic burn scar and symptomatic scar of skin.

On X, X was seen by X, MD for X ongoing complaints. X had a minor separation of one of X incision along the most radial scar flap. There was no actual tissue necrosis but just a separation. X had been managing this with an antibiotic ointment. On examination all the flaps were healthy. The separation site was almost closed. The scar flaps were a little more scaly and dry than the normal, palmar based ones. In view of this Dr. X thought that they perhaps needed to go a little slower in X mobilization. They would still work at using the thumb and hand but not do any major stretching activities. X would begin seeing the occupational therapist and they would monitor X progress and increase as indicated. Dr. X did not see any change in X return to work status. X would be seen back in X weeks.

On X, X was seen by Dr. X for X ongoing complaints. X continued to do well. The slight open spot along the four flap Z-plasty had closed nicely and X really had a very good result. As a result of the tendon release, the scars were becoming much more softer and X had a full abduction and a normalized surface anatomy. X laser response was discussed. X had seen positive results with many of the scars smoother, softer and more pliable with less erythema. X was scheduled for a third of a group of three treatments coming week. A telemedicine visit would be organized a week later to discuss X immediate X. Dr. X thought X was getting near the point where X needed to decide if X was capable / would be capable of returning to full duty. Although not continuous, it sounded as if X had some more manual requirements with significant vibration, lifting and climbing. Dr. X believed that to get more objective analysis of the status, capabilities and future restrictions a formal functional capacity evaluation (FCE) should be performed. It

would be done a week or X days after the next laser. X would be seen a week or X days after that.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Regarding X, ODG states that X is recommended when there is documented evidence of significant physical functional impairment related to the scar and the treatment can be reasonably expected to improve the physical functional impairment. In this case, there is minimal evidence of objective and functional limitations to support the need for X. As such, the medical necessity of the request is not established. Non-certification is recommended for X."

Per a reconsideration / utilization review adverse determination letter dated X by X the request for X was denied. Rationale: "The claimant is a X with a date of injury of X. Under consideration is the prospective appeal for X. A prior request for X was non-certified in review X. The requesting provider has submitted a X progress report. No written basis for appeal has been submitted, nor any response to the prior determination. Per the submitted documentation, the claimant was being treated for X. They were initially injured due to X. Pertinent diagnoses include burn contracture of web space of the hand, hypertrophic burn scar, and symptomatic scar of skin. Medical comorbidities were not disclosed. The claimant was not working their regular duty, but it was not disclosed if they were working. Prior treatment included X. Per the X progress report by X, M.D., the claimant was reportedly doing well and their surgical flap had closed nicely. Their scars were reportedly becoming softer due to tension release and had full abduction with normalized surface anatomy. The provider recommended following up for consideration of a return to regular duty. The provider is appealing the prior determination. The Official Disability Guidelines recommend X. The prior determination was appropriate and will be upheld. The claimant had completed a X. Given the lack of notable functional impairment, further X is not supported. The request for X is recommended as non-certified."

The claimant suffered burns at both hands due to an X. The claimant is status X.

The current evaluation of the claimant from X did not detail specific functional limitations due to the burn scars at both hands. The current evidence-based guidelines do not X without evidence of functional limitations. The records would not support proceeding with the X. Therefore, it is this reviewer's opinion that medical necessity is not established for the requested services and the prior denials are upheld. 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:

The claimant suffered burns at both hands due to an X. The claimant is status X. The current evaluation of the claimant from X did not detail specific functional limitations due to the burn scars at both hands. The current evidence-based guidelines do not recommend X. The records would not support proceeding with the X. Therefore, it is this reviewer's opinion that medical necessity is not established for the requested services and the prior denials are upheld. 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:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE