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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 injured X. The diagnosis was laceration of right ring finger with tendon involvement and stiffness of right hand joint.

On X, X, MD evaluated X for a X. X was status post X. Overall, X was feeling mildly better. X had moderate swelling. X was taking X. Incision was healed. X was receiving X. X had orthosis and buddy splints. Right hand examination revealed a well healed incision over the right ring finger. Swelling was noted over the right ring finger proximal phalanx and proximal interphalangeal (PIP) joint. Scars were present over the right ring finger from previous surgery. Grip strength of right hand revealed X pounds in first attempt / X pounds in second attempt / X pounds in third attempt. X was undergoing X. Examination noted a well-healed incision, active and passive extension deficits with an extension contracture of approximately X degrees and decreased full composite flexion. Grip strength was significantly reduced on the right hand compared to left hand. The plan was to advocate for X. The notable grip strength deficit impacted X ability to do activities of daily living.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The ODG recommends X. This is a X. X visits have been completed with improved motion and strength but some remaining deficits of both. There is no documentation of the barrier X. As such, the request for X it is recommended for noncertification.”

Per an undated appeal note, it was documented that X was last seen on X by orthopedic surgeon, Dr. X. During the X visit; it was demonstrated that X continued to have a motion deficit of X left ring finger with flexion. X had a notable grip strength deficit. Both the motion and grip strength deficits did impact activities of daily living. While X could complete a X, X best option for regaining both motion and grip strength quickly was to attend X. X may progress to less X, but therapy is paramount in X return to full function of the left ring finger.

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines support up to X. The claimant has the right ring finger laceration at zone two of both the flexor digitorum profundus and superficialis. Previous review did not certify this request due to an excessive number of visits and recommended for X. Previous treatment has included X on X. Medications include X. They have been participating in X. X.

Considering the date of X. Additional appeal documentation addresses the left hand rather than the right hand. Therefore, the request for X is not supported and recommended non-certified. Peer to peer was not successful.”

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “This claimant has sustained a laceration injury to the extensor tendons of the right ring finger. The Official Disability Guidelines would support up to X. X was performed for the X. A previous review noted that there were X. This review stated that considering the amount of X. No justification is supplied by additional X. Accordingly, this request for X is not supported and the recommendation is for noncertification.”

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “This claimant has sustained a laceration injury to the extensor tendons of the right ring finger. The Official Disability Guidelines would support up to X. X was performed for the X. A previous review noted that there were X. This review stated that considering the amount of X. No justification is supplied by X. Accordingly, this request for X is not supported and the recommendation is for noncertification.”

Based on the submitted documentation, the records reflect that the claimant has X. There is improved motion and strength. There appear to be no barriers whereby the claimant should be able to

complete a X. X is not supported by the guidelines. No new information has been provided which would overturn the previous denials. 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 the submitted documentation, the records reflect that the claimant has X. There is improved motion and strength. There appear to be no barriers whereby the claimant should be able to X. X is not supported by the guidelines. No new information has been provided which would overturn the previous denials. Request for X is not medically necessary and non-certified

Non Certified

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