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Notice of Independent Review Decision

DATE OF REVIEW: 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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a X who has a surgical history of Past surgical history was X.

The X visit note reported that the member sustained an injury to X left hand while at work and that X did lose all of X middle fingers, specifically the second through the fourth fingers. It also indicated that the member recently had skin grafting done and X pain was stable and controlled. The examination revealed that the member has bandages over the left hand and no signs of erythema or secondary infection were noted.

The X visit note stated that the member continued with X and had improvement with range of motion with X fingers with the X. It also indicated that the member was slowly improving. The examination revealed that the member has bandages over the left hand and no signs of erythema or secondary infection were noted.

The X physician order is for a X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Official Disability Guidelines & Treatment Guidelines (ODG) ODG state "X."

The Maximus physician consultant indicated that the member had sustained a X. The Maximus physician consultant also indicated that the member had a X. The Maximus physician consultant noted that after full evaluation and X current functional limitations, as well as X daily

activity return needs, a X is requested that will be X. The Maximus physician consultant also noted that the requested X. The Maximus physician consultant indicated that the member was evaluated by a X who recommended X.

The Maximus physician consultant explained that per the ODG guidelines, this request is medically necessary. The Maximus physician consultant indicated that the member has missing digits status post amputation of the second, third and fourth digits at the metacarpal region. The Maximus physician consultant also indicated that the member had an evaluation in which it was determined the requested X is the most appropriate for X function and ability to return to activities. The Maximus physician consultant explained that there has not been documentation of any significant untoward inflammation or infection. The Maximus physician consultant also explained that the X. The Maximus physician consultant indicated that in addition, residual findings do not appear to challenge the X are medically necessary for treatment of this member's condition.

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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:

PRESSLEY 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)