

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Scar revision right foot.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Health Care

- Operative reports (01/30/06 - 02/22/06)
- Clinic notes (02/28/06 – 10/23/06)
- Electrodiagnostic study (07/13/06)
- Utilization reviews (09/14/07 - 09/26/07)

M.D.

- Clinic notes (03/09/06 – 09/05/07)
- Electrodiagnostic study (07/13/06)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who got electrocuted at work and lost consciousness. He sustained burns to the right flank, right arm, right hand, and right foot. The most severe burns were to the right foot.

Following the injury, the patient was admitted under the care of M.D. On examination, there were first-degree burns and erythema to the right flank, right arm, and dorsum of right hand; second-degree burns to the volar surface of the right forearm; and third-degree burns from first through three toes of the right foot.

On xx/xx/xx, Dr. performed debridement of the right foot burn with amputation of the first and second toes. This was followed by amputation of the necrotic first and second toes as well as approximately one-half of the first and second metatarsals. Later, he performed irrigation and debridement (I&D) of the right foot wound on multiple occasions and amputations of the third to fifth toes. The patient was left with a large open wound with exposed metatarsal heads and the dorsal aspect of the foot. Dr. performed right latissimus dorsi free flap to open wound with split-thickness skin grafting. The patient was discharged on xx/xx/xx.

Postoperatively, Dr. noted a small necrotic area on the flap but the flap remained viable. Subsequently, the wound was closed and the patient was treated with physical therapy (PT). He had improvement in the function of the right foot and ankle with PT. Although his wounds were well healed, the patient had pain in multiple areas of the foot. Dr. stated that the pain was not amenable to surgical correction secondary to increased difficulties with ambulation if these areas were corrected by a surgical intervention. He felt that the flap might require debulking at some point in the future. M.D., a pain specialist, prescribed Norco, Ultram, and Sonata. An electromyography (EMG) study of the upper extremities was performed for tingling and numbness. The study revealed moderate, primarily sensory axonal and demyelinating, left ulnar neuropathy. Motor studies were normal except for moderate diffuse slowing of conduction velocity in the ulnar nerve and some mild temporal dispersion.

In September 2007, the patient returned to Dr.. He had significant pain along the head of the first metatarsal in an area consistent with a very thick and hypertrophic portion of the scar. There was also a significant area of redundant tissue secondary to the portion of the free flap which was redundant on the lateral foot. There was significant soft tissue redundancy as well resulting in a large bulge that made it difficult for him to wear his shoes normally. Dr. recommended removing a portion of the free flap in order to get rid of this bulge on the lateral aspect of the foot around the lateral malleolus. He also recommended removing some of the hypertrophic scar around the head of the first metatarsal and performing a local flap (Z-plasty type closure) in order to improve the area.

On September 14, 2007, the request for scar revision of the right foot was denied. Rationale: *Records do not reflect current information to support the request.*

The request for reconsideration of the surgery was denied. Rationale: *Skin grafting recommended with further study of thickness of graft. Thick (0.025*

inches) versus standard (0.015 inches) skin grafts for burned hands were compared in one clinical trial and it was found that extra thick skin grafts have no advantage over standard thickness grafts. Records do not reflect current notes to support the request.

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

MR. UNDERWENT SURGICAL AMPUTATION WITH EVENTUAL FREE FLAP PLACEMENT WITH SKIN GRAFTING OF HIS RIGHT FOOT DUE TO AN ELECTRICAL BURN. HE HAS HAD A VERY GOOD OUTCOME WITH THE EXCEPTION OF EXCESS BULK OF THE FREE FLAP WHICH IS NOT UNCOMMON. IT IS DIFFICULT TO DETERMINE THE FINAL BULK OF THE FLAP AT THE INDEX PROCEDURE AS THE FLAP ATROPHIES OVER TIME. DEBULKING OF THE FLAP IS OFTEN NECESSARY TO PROVIDE OPTIMAL OUTCOME AND IS CERTAINLY INDICATED FOR MR. . IN ADDITION, CLOSURE OF THE WOUNDS OFTEN NECESSITATES PLACEMENT OF THE INCISION AND SUTURE LINE OVER BONY PROMINENCES OF THE FOOT. THE LOCATION OF THESE SCARS OFTEN BECOMES PAINFUL WITH SHOE WEAR AND OFF-LOADING IS DIFFICULT DURING NORMAL AMBULATION. IN THESE CIRCUMSTANCES, SCAR REVISION, IN AN ATTEMPT TO MOVE THE SUTURE LINE AWAY FROM WEIGHT-BEARING AREAS OF THE FOOT AS WELL AS PRESSURE POINTS ENCOUNTERED WITH SHOE WEAR IS OFTEN NECESSARY ONCE THE WOUNDS HAVE FULLY HEALED AND THE SCAR MATURED. THERE IS NO ODG RELATING TO SCAR REVISION IN THIS PARTICULAR CIRCUMSTANCE. HOWEVER, SCAR REVISION FOR CONTINUED PAIN AND DIFFICULTY WITH SHOE WEAR CERTAINLY LIES WITHIN ACCEPTABLE PRACTICE AND STANDARD OF CARE WITHIN THE ORTHOPAEDIC AND PLASTIC SURGERY COMMUNITY.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ** REVIEWED**

The ODG were reviewed and there is no guideline that addresses this particular issue.