

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Fusion metatarsal phalangeal joint, right great toe (28750) and RC 360 outpatient

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

M.D., Board Certified Orthopedic Surgeon

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)

Based on review of the medical records, there is no documentation to support the need for further surgical intervention of first metatarsophalangeal fusion and RC 360 as an outpatient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

CT right great toe 10/26/05

Office note of Dr. 01/05/06

Office note of Dr. 06/01/06

Office note of Dr. 08/15/06, 04/27/07

Office note of Dr. 08/28/06

Office notes of Dr. 08/29/06, 09/14/06, 11/21/06, 02/01/07, 02/15/07, 02/22/07, 03/08/07, 04/05/07, 05/17/07

CMT testing 11/21/06

Procedure note 01/24/07
DDE with Dr. 02/12/07
Office note of Dr. 03/10/07
Peer review 06/25/07
Peer review 07/16/07
ODG TWC Guideline Foot/Ankle

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who sustained an injury to his right foot when a pipe fell onto his foot. The claimant underwent an arthroplasty of his first great toe on 06/01/06. The claimant continued to treat for right foot pain. On 01/24/07, the claimant underwent an osteotomy correction of angled first metatarsal and first metatarsal medial excision and medial capsular reconstruction silver procedure. On 04/05/07, Dr. documented that the claimant's pain was slowly improving. The 04/05/07 x-rays showed no fracture. Physical therapy, boots and medications were recommended. The claimant was seen on 05/17/07 for foot pain worse with weight bearing. X-rays of the right foot that day showed metatarsal phalangeal joint arthritis. Dr. recommended a fusion of the metatarsal phalangeal joint of the right great toe.

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

The medical review notes some significant issues with regards to causation. There was evidentially a toe fracture sustained on 08/03/05 while at work, apparently treated with conservative treatment, developed arthropathy. A CT scan at 10/26/05 showed that the prior fracture had healed. The claimant saw a podiatrist who performed arthroplasty of the great toe. He had persistent pain and swelling thereafter, so Dr. felt that the claimant had a bunion and formally recommended bunion correction which was performed on 01/24/07. The claimant then had a designated Doctors Examination with Dr. who felt that the surgeries were unrelated to his simple fracture and that the initial surgery had exacerbated his function with deterioration of that joint, complicating the situation. Dr. continued to follow the claimant him, removed his pins postoperatively, weaned him off crutches, and treated him with conservative measures. Dr. an orthopedic surgeon reviewed the records 03/10/07 and felt that the first and second surgeries were unrelated to the vocational injury and recommended no further treatment and no further pain management. Dr. felt that the claimant was improved on 04/05/07. On 05/17/07, Dr. noted that the claimant had persistent pain with weightbearing and recommended a fusion. Of note, this is just four months after he performed a bunion correction surgery.

The case was then reviewed and the recommendation for fusion surgery was denied on 06/25/07 due to controversy in the records and the fact that Dr. did not recommend further surgery. This was denied on the 07/16/07 peer review. The doctor spoke with Dr. who did not know if stiff orthotics or stiff soled shoes had been tried, and there were no x-rays or therapy notes to review, and thus it was denied.

Based on review of the medical records, there is no documentation to support the need for further surgical intervention of first metatarsophalangeal fusion and RC 360 as an outpatient. The medical records appear to conflict. It appears that the claimant had a toe fracture on 08/03/05, which healed. The first record I have available for review shows that the prior fracture had healed on 10/26/05. He then had two surgeries for persistent pain and a recommendation for a third surgery just four months after the second surgery. Based on the above, I cannot recommend the proposed surgery as medically necessary or reasonable.

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
- AHCPR- 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
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Campbell's Operative Orthopedics, Chapter 28, Page 1331