

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of left foot superficial peroneal, neuroectomy (CPT 28055)

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old female who had a beam fall onto her left foot and ankle on xx/xx/xx. The claimant has been treated with physical therapy, antiinflammatory medications, and work restrictions. Dr. performed electromyography studies on 07/09/07 that were unremarkable for peripheral nerve entrapment and or significant neuropathic findings. On 01/18/08, Dr. performed an injection to the left ankle joint. Dr. saw the claimant on 02/11/08. The claimant reported no benefit from the injection. Examination revealed a slight amount of edema, hypersensitivity to light touch to the dorsum of her ankle and foot, positive Tinel's at the peroneal nerve exit at the junction of the anterior and lateral fascial component, tenderness at the ankle joint and peroneal strength of 5/5. The diagnosis was intractable superficial peroneal neuralgia due to crush injury to her foot. Dr. noted that the neuroectomy would leave her numb on the dorsum of her foot it would greatly diminish her hypersensitivity that she had. Dr. recommended living with it or a superficial peroneal neuroectomy.

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

While it appears this patient has a diagnosis of a superficial peroneal neuropathy due to a

traumatic event, there is no documentation of slowing of the nerve on EMG and there is no documentation that a single injection was done at the level of nerve injury to see whether or not that decreases her subjective complaints. Therefore, since this has not been done, then there is no medical necessity for the left foot superficial peroneal neuroectomy since the last final test of injection of the nerve area was not done, which is the most sensitive thing that can be done to prove this diagnosis to support the surgical request. In the absence of the information noted, the left foot superficial peroneal neuroectomy cannot be supported as medically necessary.

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates, does not address

Campbell's Operative Orthopedics, chapter 59, pages 3274 to 3276

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
Campbell's Operative Orthopedics, chapter 59, pages 3274 to 3276
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)