

## Notice of Independent Review Decision

### PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 2/29/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1. Removal of Bone for Graft, Foot/Toes Surgery Procedure, Removal of Bone for Graft Application Lower Leg, Splint, Flouroscope Examination, Internal Nerve Revision, Removal of Tissue for Graft

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. Removal of Bone for Graft, Foot/Toes Surgery Procedure, Removal of Bone for Graft Application Lower Leg, Splint, Flouroscope Examination, Internal Nerve Revision, Removal of Tissue for Graft Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Independent review organization dated 02/14/2008
2. Independent review organization dated 02/11/2008
3. Non authorization recommendation note by RN dated 01/11/2008
4. Utilization review reconsideration dated unknown.
5. Outpatient reconsideration decision note by RN dated 01/25/2008
6. Utilization review reconsideration dated unknown.
7. Request for review dated unknown.
8. Clinical note dated unknown.
9. Request for review dated 02/08/2008
10. Clinical note dated 01/31/2007 to 12/21/2007 multiple dates
11. Clinical note by MD dated 01/11/2008
12. Operative report by DPM dated 04/30/2007
13. Radiology report by MD dated 03/28/2007
14. Radiology report by MD dated 03/28/2007
15. History & physical exam by MD dated 07/25/2007
16. Clinical note dated 02/08/2008
17. Clinical note dated 02/14/2008
18. Reviews of care assignment dated 02/14/2008
19. Clinical note dated unknown.
20. Independent review organization dated 02/14/2008
21. Independent review organization dated 02/11/2008

Name: Patient\_Name

22. Non authorization recommendation note by RN dated 01/11/2008
23. Utilization review reconsideration dated unknown.
24. Outpatient reconsideration decision note by RN dated 01/25/2008
25. Utilization review reconsideration dated unknown.
26. Request for review dated unknown.
27. Clinical note dated unknown.
28. Request for review dated 02/08/2008
29. Clinical note dated 01/31/2007 to 12/21/2007 multiple dates
30. Clinical note by MD dated 01/11/2008
31. Operative report by DPM dated 04/30/2007
32. Radiology report by MD dated 03/28/2007
33. Radiology report by MD dated 03/28/2007
34. History & physical exam by MD dated 07/25/2007
35. The ODG Guidelines were not provided
36. Clinical note dated unknown.
37. Review organization dated 02/14/2008
38. Clinical note dated 01/31/2007 to 12/21/2007 multiple dates
39. Clinical note by MD dated 01/11/2008
40. Operative report by DPM dated 04/30/2007
41. Radiology report by MD dated 03/28/2007
42. Radiology report by MD dated 03/28/2007
43. History & physical exam by MD dated 07/25/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female employee who is status post diagnostic ankle arthroscopy xx/xxxx and a medial malleolus osteotomy with excision of the osteochondral defect on xx/xx/xxxx. A CT scan taken 01/11/2008 revealed surgical pins in the medial malleolus and distal tibia with a un-united fracture line at the medial malleolus and a large pony defect in the anterior aspect of the talar dome. He provider is requesting a surgical procedure consisting of 28302, 20900, 28899, 29515, 76000, 64727, and 20926.

CPT 28302: Osteotomy; talus.

CPT 20900: Bone graft, any donor area; minor or small (eg, dowel or button).

CPT 28899: Foot/Toes surgery procedure

CPT 29515: Application lower leg splint

CPT 76000: Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy).

CPT 64727: Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis).

CPT 20926: Tissue grafts, other (eg, paratenon, fat, dermis).

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

The claimant is a female who previously underwent diagnostic ankle arthroscopy in 2006 following which she underwent medial malleolar osteotomy and excision of osteochondral defect in x/2007. More recent recommendations have been made for a bone grafting procedure and internal revision of a painful neuroma.

The clinical information available does not specifically define the nature or indications for the surgery as outlined. This individual does continue to have pain in the region of her neuroma, however she has already had one neurolysis and it is unclear as to what the benefits would be in that area. Furthermore, it is unclear as to the nature of the bone grafting procedure and whether or not this would be related to nonunion of the medial malleolus or further treatment of her osteochondral defect. Both of these have been described in the records. Unfortunately, the treating physician has not specifically outlined the exact treatment plan in the most recent notes and thus the medical records themselves do not provide compelling indications for the medical necessity of the procedure as outlined.

The request cannot be deemed medically necessary and therefore the previous denial is upheld.

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

Name: Patient\_Name

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  
**X** 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)