

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: JULY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Deep peroneal nerve neurectomy right foot

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for deep peroneal nerve neurectomy right foot.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/2/08, 6/17/08
ODG Guidelines and Treatment Guidelines (Not Provided)
, 5/2/08, 6/10/08
, MD, 5/13/08, 4/8/08, 5/16/08, 4/8/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an individual who apparently had an object drop on his foot and underwent a neurolysis, which apparently was not successful. He has continuing complaints of numbness and pain in the foot on the dorsum, and there is now a request for a neurectomy. Previous reviewers have felt the benefits of the potential surgery, if any, would not outweigh the risks of neurological deficit from the surgery.

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

This reviewer has the same concern as the previous reviewers. To excise the deep peroneal nerve post crush injury seems to be a rather radical procedure for some numbness and pain in the dorsum of the foot secondary to the object that fell upon it. It is stated that the nerve would be identified and isolated proximal to the ankle, and the large portion of the nerve removed. This reviewer has the same concerns as previous reviewers that effects of peroneal palsy from excision of the nerve to above the ankle would result in loss of the motor branches to the extensor digitorum brevis and the sensory confirmed to the first interspace. The deep peroneal palsy that would result might even cause some foot drop due to its effects on the long extensor muscles of the great and lesser toes. It is with these issues in mind that the previous adverse determinations have been upheld. The reviewer finds that medical necessity does not exist for deep peroneal nerve neurectomy right foot.

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)