



Notice of Independent Review Decision

DATE OF REVIEW: 6/9/08

Amended Date: 6/17/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for subtalar ankle fusion, gastroc recession, calcaneal osteotomy.

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

Texas licensed 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 previously denied request for subtalar ankle fusion, gastroc recession, calcaneal osteotomy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet/Comments dated 5/28/08.

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/28/08.**
- **Request for a Review by an Independent Review Organization/Patient/Injured Employee Information dated 5/22/08.**
- **Utilization Review Findings dated 5/19/08, 5/7/08.**
- **History/Physical Examination dated 4/25/08.**
- **CT LT Calcaneus dated 1/29/08, 12/7/07.**
- **Notice to CompPartners, Inc. of Case Assignment dated 5/28/08.**
- **Follow-Up Visit dated 3/10/08, 1/23/08, 1/3/08, 12/10/07, 11/7/07.**
- **Functional Treatment Information Sheet (unspecified date).**
- **Provider Information (unspecified date).**

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Fell off a ladder.

Diagnosis: Left calcaneus fracture

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

The claimant is a male who reportedly fell off of a ladder and sustained a left calcaneus fracture. A CT scan showed a comminuted intra-articular fracture and the claimant was treated conservatively with a cast. At nine weeks post injury, the claimant continued with severe pain and swelling and a slight valgus alignment of the heel. Lyrica and Lidoderm patches were prescribed in treatment for early reflex sympathetic dystrophy. A CT scan on 01/29/08, revealed diffuse osteoporosis of the foot and no definite bone union. Dr. evaluated the claimant for a second surgical opinion on 04/25/08 and documented a limp, ecchymosis, a large amount of swelling of the heel and medially over the tarsal tunnel. Dr. recommended a subtalar fusion, calcaneal osteotomy and gastroc release after a sympathetic block. The requested outpatient left subtalar fusion, gastroc recession, and calcaneal osteotomy is medically reasonable and necessary based on this medical record. A conversation was held with Dr. who explained this is a malunion with subtalar degenerative joint disease and tarsal tunnel syndrome. The purpose of the operation is to realign the calcaneus and take pressure off the tarsal tunnel, lengthen the Achilles, and fuse the subtalar joint to decrease pain and increase overall level of function. This claimant had failed conservative care. Dr. explained there was no evidence of reflex sympathetic dystrophy, just disuse bony osteopenia due to prior treatment. The ODG document the necessity of surgical intervention for malunion and traumatic arthritis following failed conservative care, ongoing pain and limitations in function, malalignment, and positive X-ray abnormalities. These are all present in this case. Therefore, this surgical intervention is appropriate.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. ODG, 2008 Updates: Surgery for calcaneal fractures; ankle fusion.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).