



Notice of Independent Review Decision

**DATE OF REVIEW:** 3/20/08

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for repair of avulsion of peroneal tendon, right foot.

**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 repair of avulsion of peroneal tendon, right foot.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Notice to CompPartners, Inc. of Case Assignment dated 3/12/08.
- Confirmation of Receipt of a Request for a Review dated 3/11/08.

- **Request for a Review by an Independent Review Organization dated 3/6/08.**
- **Follow-Up dated 12/19/07, 12/5/07, 11/15/07, 10/24/07, 9/28/07.**
- **Progress Note dated 9/26/07.**
- **Physician's Outpatient Order dated 1/23/08.**
- **Utilization Review Findings dated 2/21/08..**
- **Notification of Determination dated 1/16/08.**
- **Review Summary dated 1/16/08.**
- **Utilization Review Referral (unspecified date).**
- **Appeal for Surgery (unspecified date).**
- **Requesting Authorization for a Cast Boot (unspecified date).**

No guidelines were provided by the URA for this referral.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:** xx years

**Gender:** Female

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Tripped on sidewalk and rolled her right foot to the side.

**Diagnosis:** Contusion, fifth metatarsal and avulsion peroneus brevis tendon, base of the fifth metatarsal, Achilles bursitis or tendonitis.

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

The claimant is a xx-year-old female with the date of injury of xx/xx/xx. The mechanism of injury was she tripped on the sidewalk and rolled her right foot over on to the side. The diagnosis was contusion, fifth metatarsal and avulsion peroneus brevis tendon base of the fifth metatarsal per the doctor's note and per the records Achilles bursitis or tendonitis, which diagnosis the reviewer did not find in Dr. medical records.

The claimant developed pain and swelling and was initially treated with anti-inflammatory medication, an ankle wrap, elevation, crutches, and decreased activity. X-rays originally were noted to be negative for fracture or dislocation. A subsequent MRI was noted to be negative. The claimant saw Dr. September 26, 2007, where he noted on physical examination no instability about the ankle and his impression was contusion of the fifth metatarsal of the right foot with avulsion of the peroneus brevis tendon.

The claimant was placed in a cast boot at that time and continued in the cast boot until December 5, 2005, at which time, the claimant was graduated out of the boot and informed of strengthening range of motion exercises. The claimant then was followed by Dr. and on December 19, 2007, 2 weeks after being taken out of the boot, was deemed to have failed conservative treatment and surgical intervention with repair of avulsion peroneal tendon and possible synovectomy of tendon sheath was offered. The rationale for an adverse determination of the requested procedure is:

1. The first MRI did not reveal avulsion of the peroneal tendon from the base of the fifth metatarsal.

2. The claimant has not had an adequate trial of conservative therapy as she has been in the cast boot and has not had appropriate physical therapy.

The medical records provided for review did not support the request in accordance with the Official Disability Guidelines indications for surgery about the ankle, which recommends physical therapy for conservative treatment and indicates there needs to be objective clinical findings. The only objective clinical finding was tenderness with no weakness of that muscle activity or loss of function, secondary to the tendon rupture. Imaging findings did not support there being a peroneus brevis tendon rupture. Therefore, at this time, this reviewer does not feel this request is supported by the medical records.

**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.  
Official Disability Guidelines, Treatment Index, 5<sup>th</sup> Edition, 2007, Foot and ankle-Lateral ligament reconstruction.
- 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).