

Notice of Independent Review Decision

DATE OF REVIEW:

05/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Triple arthrodesis right foot status post open reduction internal fixation (ORIF) CPT 27815.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

Triple arthrodesis right foot status post open reduction internal fixation (ORIF) CPT 27815 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 05/16/08 letter from Network & Medical Operations, with attached list of disputed services
- 05/13/08 Case Report, MCMC
- 05/13/08 MCMC Referral
- 05/13/08 Notice To MCMC, LLC Of Case Assignment,
- 05/13/08 Notice Of Assignment Of Independent Review Organization,
- 05/13/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 05/13/08 memo from, RN
- 05/13/08 memo from RN
- 05/13/08 letter from, Insurance Specialist,
- 05/12/08 LHL009 – Request For A Review By An Independent Review Organization
- 05/12/08 Request For Preauthorization and Concurrent Review, DWC
- 05/06/08 letter from, LVN,
- 05/06/08 letter
- 04/23/08 letter from, LVN,
- 12/10/07 Operative Report, , M.D.,
- 11/27/07 MRI ankle, 11/27/07 CT right ankle, Preferred Imaging
- 11/08/07 Office Visit note, , M.D.
- 02/20/07 to 04/01/08 chart notes, M.D.
- ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

There is no information regarding treatment until an office note dated 11/08/2007 to M.D. This note reported that the injured individual had healing fractures of the navicular and fifth metatarsal and a resolving ankle strain. M.D. evaluated the injured individual for the first time on 11/27/2007. He reported that the injured individual had sustained injury from a fall from a ladder on xx/xx/xx. He fell 20-28 feet and landed on his right foot. Mr. was treated at Hospital and underwent an unspecified closed reduction and was treated in a cast. The cast was followed by a 3D boot. MRI and CT scan was ordered by Dr.. They revealed a fracture of the posterior talus without avascular necrosis. There was possible concern regarding nonunion of the fracture. Dr. performed an arthrotomy and excision of bone fragments from the talus on 12/10/2007. He then treated the injured individual with a period of nonweightbearing, physical therapy and orthotics. The injured individual continued to complain of pain. An x-ray on 04/01/2008 was felt to show narrowing of the subtalar complex. The injured individual was reported to have abnormal hindfoot varus bilaterally which was attributed to a congenital basis. Dr. then submitted a request for a triple arthrodesis

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

The injured individual is a male who was reported to have sustained injury to his right foot and ankle in a fall from a ladder on xx/xx/xx. He fell approximately 20-28 feet landing on the right foot. There is no documentation regarding initial treatment or care. It is unclear what the original injury was since the note from Dr. listed a fracture of the navicular and fifth metatarsal. The injured individual at some point sought treatment from Dr. and subsequently underwent excision of bone fragments from the posterior talus on 12/20/2007. The injured individual still remains symptomatic and Dr. has requested a triple arthrodesis.

The **Official Disability Guidelines:**

ODG Indications for Surgery™ -- Ankle Fusion:

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:

2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:

3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:

4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.

Procedures Not supported: Intertarsal or subtalar fusion.

([Washington, 2002](#)) ([Kennedy, 2003](#)) ([Rockett, 2001](#)) ([Raikin, 2003](#))

The injured individual's diagnosis is unclear at best. There is no information regarding the immediate treatment following the fall. There has been no documented Xylocaine injection. There are no recent imaging studies that document the extent and particular joints that are involved with the arthritic process. The requested procedure is not supported by the medical documentation and reported objective physical findings at this time. The criteria as outlined above have not been met.



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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**