

P&S Network, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: October 31, 2008

IRO CASE #:

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

This case was reviewed by an orthopedic surgeon, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right mid foot fusion

REVIEW OUTCOME

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

Overtured (Disagree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o September 25, 2008 utilization review report by M.D.
- o October 9, 2008 utilization review report by M.D.
- o September 22, 2008 utilization review referral sheet from the referring party listed as the provider, Dr.
- o Undated information sheet on letterhead of M.D.
- o August 25, 2008 chart notes from M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. The patient is noted to be a male. Chart notes from August 25, 2008 state that the patient completed a CAT scan which clearly shows he had an injury to the Lisfranc joints. There is comminuted fracture at the keyed-in third metatarsal, which shows a fracture and deformity. There also appears to be an intra-articular fracture of the adjacent Lisfranc joint as well. At present, the patient is complaining about pain over the dorsum of his "arch" at the level of the Lisfranc joint. Consideration was recommended to the patient of doing nothing, using his foot as best tolerated until it becomes painful enough that he may elect to proceed with fusion at that time, or proceeding with fusion at this time to try to preserve his arch.

The records include a September 25, 2008 utilization review report which states that the patient was injured via an unknown mechanism. The report outlines the chart note dated August 25, 2008 and states that a midfoot fusion on the right was requested. The report rendered a non-certification as there was limited information reviewed. A solitary office note from August 25, 2008 indicated that the patient has a fracture at the third metatarsal base with deformity. The magnitude of the deformity is unclear according to the reviewer. The magnitude of the claimant's clinical symptoms is also unclear. There is no indication that the claimant has attempted any conservative care. It is not clear if the claimant has instability to the point that a progressive deformity would occur without surgery.

The request was again reviewed on October 9, 2008 and another non-certification rendered. This report notes that the patient

had a hydraulic machine weighing approximately 1000 pounds fall onto his foot. He had an extensive workup which included x-rays and an MRI. He has continued with pain. The report notes that an MRI showed suspected fracture of the cuboid and bone marrow edema in the tarsometatarsal articulation, especially involving the second right. The reason provided for the requested surgery was continued pain. The reviewer stated that the clinician has not demonstrated conservative care to date. The reviewer stated that under the current guidelines, intertarsal and subtalar fusion are not supported.

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

The patient is xx years old and would not be managed in a similar fashion as an older person with arthritis. Non-operative measures will not be effective in returning the patient back to work. I completely disagree with the previous decisions. Therefore, my determination is to overturn the previous non-certifications of right mid foot fusion.

The IRO's decision is consistent with the following guidelines:

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

Official Disability Guidelines (2008)/Ankle and Foot Chapter

Fusion:

Recommended as indicated below. Also see Surgery for calcaneal fractures.

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)