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Notice of Independent Review Decision

DATE OF REVIEW: 8/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of ASC left foot arthrodesis / Fusion (28725, 76000, 29515).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been in practice for greater than 10 years and has performed this type of procedure in his office.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of ASC left foot arthrodesis / Fusion (28725, 76000, 29515).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Foot Specialists / DPM

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Foot Specialists / , DPM: Office notes – 3/25/09–8/17/09.

Records reviewed : Denial letter – 7/31/09 & 8/10/09; MD Operative Report – 9/27/06, Office Notes – 11/9/06; ODG Ankle & Foot Chapter.

A copy of the ODG was provided by the Carrier for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured while at work on xx/xx/xx. The patient complains of persistent pain which is severely worse intermittently in left hindfoot s/p fracture left calcaneus at work and ORIF. He has been recommended for subtalar fusion.

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

The reviewer notes that the ODG does not address Post traumatic subtalar arthritis. ICD 715.2. Therefore, another reference was found to address this issue. The [J Bone Joint Surg Br.](#) 1998 Jan;80(1):134-8 [Dahm DL](#), Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905, USA. - Concluded that isolated subtalar arthrodesis with internal compression was effective treatment for post-traumatic subtalar arthritis. Therefore, this procedure is approved as it is found to be an effective treatment via a study via the Mayo Clinic/Foundation.

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)**
 - Dahm DL J Bone Joint Surg Br. 1998 Jan;80(1):134-8, Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905, USA.