

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 7, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Excision of Soft Tissue Mass, Right Foot, 28045

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

M.D., Board Certified 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 reviewer finds that medical necessity does exist for Excision of Soft Tissue Mass, Right Foot, 28045.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/25/08, 12/10/08

Email from Patient, 10/24/08

Dr. , MD, 11/19/08, 10/30/08, 11/26/08, 11/19/08

MRI of Right Foot & Ankle, 11/12/08

Patient Medical History Form, 10/08

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient with a date of injury of 10/24/08 with right foot pain. Upon physical examination there is a 5 cm x 5 cm soft tissue mass on the medial side of the foot. It is noted this occurred after an injury where he fell off an 18-wheeler. The MRI scan report does not mention the mass and shows plantar fascia and plantar aponeurosis injury. This mass is felt to be either a lipoma or a ganglion cyst. Request is for excision of this mass.

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

Based on the treating doctor's physical examination, the reviewer has overturned the previous adverse determination. The request meets guidelines in Campbell's Operative Orthopedics, which call for excision in cases such as this. The records show that a mass of this size is proving to be extremely difficult and uncomfortable for the patient. He is in pain, and is having trouble fitting into any shoes. The reviewer finds that medical necessity exists for Excision of Soft Tissue Mass, Right Foot, 28045.

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: Campbell's Operative Orthopedics, 10th Edition, Volume 1, Chapter 23.**