



Notice of Independent Review Decision

**DATE OF REVIEW:** 7/16/09

**Date Amended:** 7/20/09

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for outpatient right calcaneal osteotomy and posterior tibial tendon (PTT) debridement with tendon transfer.

**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 outpatient right calcaneal osteotomy and posterior tibial tendon (PTT) debridement with tendon transfer.

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

- Enclosed Documentation/Letter dated 7/2/09, 6/30/09.
- Texas Department of Insurance Fax Cover Sheet dated 7/1/09.
- Notice to CompPartners, Inc. of Case Assignment Sheet dated 7/1/09.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) Form dated 7/1/09.
- Texas Workers' Compensation Work Status Report dated 7/7/09, 6/25/09, 3/26/09, 2/20/09, 2/11/09, 1/28/09, 1/14/09, 12/5/08, 12/1/08, 11/25/08, , 11/18/08, 11/11/08.
- SOAP note dated 7/6/09, 7/1/09, 6/25/09, 5/1/09, 4/29/09, 4/28/09, 4/24/09, 4/23/09, 4/21/09, 4/13/09, 3/24/09, 12/18/08, 12/11/08, 12/9/08, 11/13/08, 11/12/08.
- Patient Medical History/Letter dated 7/2/09.
- Request Form/Request for a Review by an Independent Review Organization dated 6/30/09.
- Employee's Request to Change Treatment Doctor-Non Network Form dated 6/30/09.
- Physical Examination Form dated 6/25/09.
- Patient Information Sheet dated 6/25/09.
- Initial Exam Report dated 6/25/09.
- Copy of Letter to Doctor Notification Note dated 5/28/09.
- Notice to Utilization Review Findings Report dated 5/28/09, 5/19/09.
- Notice of Disputed Issue and Refusal to Pay Benefits Sheet dated 5/1/09, 4/7/09, 2/4/09, 2/3/09, 1/14/09, 12/17/08.
- History & Physical Examination/Letter dated 3/26/09, 2/17/09.
- Report of Medical Evaluation Form dated 3/26/09.
- Operative Report dated 3/10/09.
- Weightbearing Final Report dated 2/18/09.
- Prescription/Plan of Care Form dated 4/13/09.
- Progress Record dated 4/7/09.
- Orthopedic Spine Clinic Note dated 6/16/09, 5/5/09, 4/7/09, 3/24/09, 2/17/09.
- Follow-Up Report dated 2/20/09, 2/11/09, 1/28/09, 1/14/09, 12/5/08, 12/1/08, 11/25/08, 11/18/08.
- Addendum Report dated 1/19/09.
- MRI of Right Ankle Exam Report dated 1/19/09.
- MRI of the Right Foot Report dated 1/19/09.
- History of Present Illness Summary Report dated 12/30/08.
- Injury/Illness Chart Note dated 11/11/08.
- Emergency Department Physician Note dated 11/1/08.
- Surgery/Procedure Scheduling Sheet dated 5/9/09.
- Preauthorization Request Sheet (unspecified date).

There were no guidelines provided by the URA for this referral.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender: Female**

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

**Mechanism of Injury: Slip and fall**

**Diagnosis: Right foot sprain, right ankle sprain, chronic reflex sympathetic dystrophy.**

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

This is a female who reportedly sustained a right ankle/ foot injury on xx/xx/xx, as a result of a slip and fall. The claimant was initially diagnosed with a right foot sprain and was treated conservatively with medication, physical therapy, crutches, activity restrictions and a post-operative shoe. Continued severe right foot and ankle pain was reported. An MRI of the right foot done on 01/18/09, showed evidence of mild osteoarthritis at the first metatarsophalangeal and metatarsal sesamoid articulations, along with a small effusion in the joints. A right ankle MRI performed on 01/19/09, showed evidence for a chronic partial tear of the anterior talofibular ligament, mild chronic plantar fasciitis and a suggestion of early osteoarthritis at the talonavicular joint. Weight bearing X-rays of the right foot followed on 02/17/09, which revealed flattening of the longitudinal arch. X-rays of the right foot showed no bony abnormalities. A physician record dated 02/17/09, noted the claimant was diagnosed with complex regional pain syndrome with underlying posterior tibial tendon dysfunction and later, with possible tarsal tunnel syndrome. Continued conservative care was recommended. A lumbar sympathetic block at L2, L4, L5 was performed on 03/10/09, with reported fifty percent reductions in pain. Follow up physician records of May 2009, noted persistent pain and the recommended surgery was denied. A 06/16/09 physician record noted that claimant's symptoms of complex regional pain syndrome responded to injection, the issue of possible tarsal tunnel syndrome was resolved and examination was consistent with posterior tibial tendon dysfunction. A calcaneal osteotomy and posterior tibial tendon reconstruction with flexor digitorum longus transfer was recommended. The requested surgery cannot be justified based on the information provided. Although the treating provider indicated the claimant's complex regional pain syndrome had responded to an injection, it was not clear if the claimant's pain syndrome had fully resolved. In addition, records from 06/25/09 indicated multiple ongoing diffuse complaints apart from the posterior tibial tendon. Records suggest trigger points of the tibialis anterior and limited dorsiflexion strength. The claimant reportedly had dorsal right foot pain and a positive Tinel's sign. The claimant reportedly had instability with testing the lateral ankle ligaments. The claimant's complaints do not seem isolated to the posterior tibial tendon. Without clear resolution of the complex regional pain syndrome and with diffuse nonspecific symptoms, the requested surgery would not appear to be medically necessary for the claimant's degenerative posterior tibial tendon dysfunction.

**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.

**X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.**

Official Disability Guidelines Treatment in Worker’s Comp 2008 Updates: Ankle and foot: Osteotomy.

- 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).

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).**

Surgery of the Foot and Ankle. Sixth Edition: Mann/Coughlin, Chapter 17, pages 767, 771- 777.