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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient reconstruction of right posterior tibial tendon

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
First report of injury, 10/05/07
MRI right ankle, 05/13/08
Office notes, Dr. 05/16/08
Office notes, Dr. 06/12/08, 07/24/08, 08/04/08, 09/02/08, 10/20/08, 01/12/09, 01/21/09, 02/10/09
Second opinion with Dr. DPM, 01/20/09
Adverse Determination Letters, 02/03/09, 02/24/09
ODG Guidelines and Treatment Guidelines (not provided)

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a right ankle sprain on xx/xx/xx. Initial treatment records were not provided, but per the history, he was initially treated with a fracture boot and physical therapy. MRI of the right ankle on 05/13/08 showed mild tenosynovitis and tendinosis of the posterior tibial tendon; chronic sprain of the ATFL and subacute sprain of the PTFL. The claimant treated with Dr. for posterior tibial tendon insufficiency and was given an injection over posterior tibial tendon that did not help. He was placed in a short leg cast for approximately three weeks that did help. He was then given a rigid arch support. As of 10/20/08 he was doing better with Motrin and the rigid arch support. At the 01/12/09 visit, his foot was getting worse. He had tenderness over the course of the posterior tibial tendon and decreased inversion strength. Dr. discussed reconstruction of the posterior tibial tendon with the FDL. On 01/20/09, Dr. DPM, saw the claimant for a second opinion. She felt that the

claimant was a good candidate for surgery but did not feel that the current orthotics were correcting his deformity and recommended new custom made orthotics. She felt that the claimant would most likely benefit from the surgery as well.

On 02/10/09 Dr. documented significant weakness on inversion. The claimant could not raise on his toes on that side. He had tenderness over the course of the posterior tibial tendon behind the medial malleolus. Dr. recommended posterior tibialis tendon reconstruction. The surgery was denied on peer review.

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

This is a gentleman. He twisted his ankle xx/xx/xx. MRI on 05/13/08 showed tenosynovitis and tendinosis of posterior tibial tendon, chronic sprain of anterior talofibular ligament and chronic sprain, subacute sprain of posterior talofibular ligament. The claimant was treated with anti-inflammatory medications, injections, and short casting, which helped, and rigid arch supports. Reconstruction was discussed with Dr. on 01/12/09. There was a second opinion on 01/20/09 with Dr. , DPM who recommended custom made orthotics and surgical reconstruction.

Surgical reconstruction was denied on 02/03/09 based on failure to document longer-term use of a walking boot or cast. Dr. recommended reconstruction with flexor digitorum longus transfer reporting/describing pain behind the medial malleolus and weakness on inversion, inability to rise on toes and felt that the claimant had been treated with conservative care for a period of time. Peer review once again denied surgical reconstruction stating the claimant had not yet had a custom made orthotic.

Based solely on review of the records provided, the reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time. The MRI of 05/13/08 does not confirm a posterior tibial tendon tear. The claimant has not had a custom orthosis which corrects his deformities. The claimant has not had long-term utilization of the boot or cast. Based on the above issues, the reviewer would not support medical necessity of outpatient reconstruction right posterior tibial tendon. ODG does not address posterior tibial tendon reconstruction. The reviewer finds that medical necessity does not exist for Outpatient reconstruction of right posterior tibial tendon.

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

[ ] ACOEM-AMERICA 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

[X] 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

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[X] PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
AAOS, Orthopedic Knowledge Update 9, Fischgrund, editor, chapter 41, pages 513-514

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)