

SENT VIA EMAIL OR FAX ON
May/11/2009

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:
May/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Synovectomy Posterior Tibia Tendon Sheath Right Foot; Achilles Tendon Lengthening

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

Podiatrist
Board Certified. ABPS Foot and Ankle surgery.
Board Certified. ABPOPPM

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 2/6/09 and 2/23/09
Claims Management 4/21/09
Foot & Ankle 9/17/07 thru 3/11/09
Med Clinic 6/28/07 thru 3/9/09
PT Notes 7/9/07 thru 8/30/07
MRI's 7/24/07, 9/25/07, 3/25/08, 7/28/08
OP Reports 10/16/07, 4/22/08
Physical Rehab 1/9/08

PATIENT CLINICAL HISTORY SUMMARY

This person suffered an inversion ankle injury on xx-xx-xx. He did not respond as expected to usual and customary treatments. He was subsequently referred to a specialist who identified damage not found on original work-up. Interventions proceeded to include open and arthroscopic surgery to the ankle. Four MRI's were obtained. The Patient progressed to a point where they are no longer complaining of the original ankle injury. The patient continues to have pain and is unable to comfortably perform activities of pre-injury employment. Disability evaluation describes a 7% disability

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

Prior imaging of this case did describe Pre-existing pathology. Including “talo-tibial exostosis”, “talar beaking”, “ Peroneal tendon fluid collection” the studies however did not describe “Posterior tibial tendonitis” until the most recent MRI. Review of foot and ankle literature documents “talar beaking”, “Peroneal Tendonitis”, and “ abnormal Subtalar joint motion” as all associated with Subtalar joint pathology not acute ankle injury. This individual suffered an inversion ankle injury on 06/28/07. Which often times can include Subtalar joint injury. The individual also underwent 2 seperate surgical interventions on the ankle.

This then suggests “posterior tibial tendonitis” is secondary to prior surgical intervention IE: talo-tibial exostectomy, ankle joint arthrotomy, and modified Brostrom ankle ligament repair, resulting in lost motion at the ankle joint in the presence of prior subtalar joint pathology.

The described Gastroc-Soleal equinus is also a result of post surgical scarring and accomodation due to normal gait disturbance.

For all the above stated reasons, the request is not medically necessary.

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

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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