

# US Resolutions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

May/15/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

ASC Left Achilles tendon debridement repairs (27691, 27654, 28300)

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

M.D., board certified in Orthopedic Surgery

**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**

Determination Letters, 3/12/09, 3/20/09  
MD, 4/24/09, 3/24/09, 2/17/09, 2/10/09  
MRI Ankle LT w/o contrast, 8/19/08  
Accident/Injury Information Form, 2/10/09  
Doctors Note, 10/2/08, 7/1/08, 8/12/08  
ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who apparently was injured initially when she was hit by an electric wheelchair. She has had some conservative care in the form of Naprosyn and a boot immobilizer. She has had an initial diagnosis of calcaneal bursitis secondary to this accident and a subsequent diagnosis of chronic Achilles tendonitis. She appears to have had one injection of cortisone into the bursa, but not around the tendon. She has not had any formal shockwave therapy or other conservative care. The current request is for surgical debridement and possible tendon augmentation.

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

Based upon this patient's history and the medical records provided for this review, the requesting surgeon does not explain why the ODG Guidelines (which are statutorily mandated) should be set aside in this particular individual's case. This reviewer agrees with the prior reviewers that the excision of a portion of the tendon in the face of frank tendonitis is an aggressive approach to its treatment. The ODG Guidelines recommend significant conservative therapy prior to this type of procedure being undertaken. The treating surgeon does not explain why the ODG Guidelines should be set aside in this particular case and a

surgical procedure substituted instead. It is for this reason that the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for ASC Left Achilles tendon debridement repairs (27691, 27654, 28300).

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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