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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Chevron/Akin of the Left Foot

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Ankle and Foot

MRI left foot, 4/15/09

OR report, 4/23/09

Office notes, Dr. 7/27/09, 08/25/09, 10/06/09, 10/15/09

Peer reviews, 10/15/09, 10/21/09

PATIENT CLINICAL HISTORY SUMMARY

This female sustained a left mid foot dislocation with Lisfranc injury in a fall on xx/xx/xx. MRI on 04/15/09 noted a Lisfranc ligamentous disruption with significant associated bone marrow edema as well as a probable small avulsion fracture at base of the first metatarsal. Longitudinal split tear of the peroneus brevis tendon, dorsal subcutaneous edema, subtalar and talonavicular joint effusions were also noted. On 04/23/09, the claimant underwent open reduction and internal fixation Lisfranc joint, with fusion of multiple tarsometatarsal joints and harvesting of calcaneal bone graft. The postoperative diagnosis was left tarsometatarsal dislocation, deformity, and traumatic arthritis from dislocation. The claimant did well initially, transitioned to regular shoes, and returned to work in August of 2009. She presented on 10/06/09 with reports of increased pain across the left midfoot with slight swelling in the right foot and prominent bunions on both feet. Office x-rays reportedly showed the left midfoot fused with one screw prominent in the midfoot. The intermetatarsal angles had changes

when compared to pre-op films now widened as a result of the surgery and a resultant bunion with incongruent joint. Chevron plus or minus an Akin osteotomy and removal of the Lisfranc screw was proposed.

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

Review of the records provided supports this woman reported left foot and midfoot dislocation, a Lisfranc injury, xx/xx/xx after a fall. She was treated with open reduction and internal fixation and bone grafting on 04/23/09. The claimant was complaining of bunion complaints after surgery 07/27/09. On 08/25/09, Dr. felt there was a healed midfoot fusion in good position, and she was going to attempt return to work full duty. She followed up with Dr. 10/06/09, reporting pain across the midfoot. Slight swelling on the opposite foot. Bunion was prominent in both feet. X-rays showed the midfoot was fused. It was felt there were intermetatarsal angular changes when compared to preop widened as a result of surgery with now resultant bunion with an incongruent joint, and they recommended Chevron plus/minus a Akin osteotomy, removal of Lisfranc screw which was rubbing on the third metatarsal.

At this time, the records indicate that there has been no conservative care rendered towards this bunion since the open reduction and internal fixation of the Lisfranc disruption. It appears from the records there might be a prominent screw. It is unclear if they have done a diagnostic lidocaine test to test if the hardware is painful. It appears there is a bunion in both feet. It is unclear that a bunion in both feet should be related to a fall of xx/xx/xx or that one should proceed with surgical intervention with Chevron/Akin left foot at this time without routine conservative care including shoe wear modification, consider unloading pad, anti-inflammatory medications, physical therapy, stretch, strength, range of motion, modalities. The ODG criteria has not been met for 1 Chevron/Akin of the Left Foot. The reviewer finds that medical necessity does not exist at this time for 1 Chevron/Akin of the Left Foot.

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Surgery for hallux valgus

Recommended. Surgical osteotomy appears to be an effective treatment for painful hallux valgus. Surgery (chevron osteotomy) was shown to be beneficial compared to orthoses or no treatment, but when compared to other osteotomies, no technique was shown to be superior to any other. (Ferrari-Cochrane, 2004) (Torkki-JAMA, 2001)

Osteotomy : Recommended for hallux valgus. Surgical osteotomy appears to be an effective treatment for painful hallux valgus. (Torkki-JAMA, 2001)

Hardware implant removal (fracture fixation): Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure.

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)