



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC NETWORK**

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**DATE OF REVIEW:** 08/13/09

**IRO CASE #:**

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

Outpatient Right Foot Excision of Soft Tissue Mass – Tarsal Tunnel Area

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

Podiatrist

**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.

Outpatient Right Foot Excision of Soft Tissue Mass – Tarsal Tunnel Area - **UPHELD**

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

- Evaluation, , DPM, 05/01/09, 05/20/09, 06/23/09
- MRI of the Left Ankle, , M.D., 05/15/09
- MRI of the Right Ankle, Dr. , 05/15/09
- Denial Letter, , 06/08/09

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was a male who presented for evaluation and treatment. He stated that on xx/xx/xx he fell from an eight to ten-foot height and landed on both feet, sustaining an injury to both heels and arches. He had undergone an MRI of both the left and right ankle. Previous treatment consisted of physical therapy times four sessions, some oral steroids, and anti-inflammatory medication. His last prescribed medication was a Medrol Dosepak.

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

In my opinion, the outpatient surgical excision of soft tissue mass (ganglion cyst) is not medically reasonable or necessary at this time.

My reasoning for this is due to the fact that reasonable conservative care including physical therapy, cortisone injections or aspiration have not been tried or even initiated. My rationale is based on ODG Guidelines for the State of Texas in the Foot and Ankle section where it states that surgery should only be indicated after reasonable conservative therapy has been tried and has been shown to fail to reduce the patient's symptoms. In this case, reasonable conservative therapy and treatment, in my opinion, has not been tried and proven to fail.

I also would not recommend surgical intervention due to the fact of the location of the ganglia in surgical intervention near and about the tarsal tunnel canal can cause more harm such as scaring of the posterior tibial nerve and neuritis.

This is my expert opinion based on ODG Guidelines in the Foot and Ankle Chapter.

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

- ACOEM - AMERICAN 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)**