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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/20/09

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of outpatient left foot subtalar joint fusion (28725).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing greater than 10 years and performs this type of service in daily practice.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of outpatient left foot subtalar joint fusion (28725).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Orthopaedic Surgery Group.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: Utilization Review Referral & Appeal – 9/10/09; Medical Center CT report – 9/14/09.  
Records reviewed from Orthopaedic Surgery Group: Office notes – 8/31/09 & 9/22/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case is regarding a male injured on xx/xx/xx when he mis-stepped off ladder sustaining a calcaneus fracture. The fracture healed with post-traumatic arthritis in posterior subtalar joint per the CT of 9/14/09. He has failed a trial of immobilization, has exercised induced pain and analgesics have proven inadequate.

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

The ODG indicates the following regarding surgery for calcaneus fractures (fusion category relates only to ankle joint arthritis for which subtalar fusion not indicated) - Recommended. There is a trend for patients with surgically treated calcaneal fractures to be more likely to return to the same type of work as compared with nonoperatively treated individuals. There also was a trend for nonoperatively treated patients to have a higher risk of experiencing severe foot pain than did operatively treated patients. In general, patients whose injury was not associated with a Worker's Compensation claim demonstrated significantly better subjective outcomes, and surgical intervention did not significantly affect subjective patient outcome. However, those who were treated nonoperatively were significantly more likely to require late subtalar arthrodesis.

The reviewer indicates that this procedure is approved based upon the ODG recommendations and his review of the medical records.

**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)**