

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/12/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Rt foot dorsal Exostectomy with release of nerve entrapment Outpt 28122

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 06/03/09
2. Clinical note dated 06/05/09
3. Clinical note dated 07/10/09
4. Clinical note dated 07/17/09
5. Clinical note dated 07/24/09
6. Clinical note dated 07/31/09
7. Clinical note dated 08/18/09
8. Utilization review referral form dated 08/18/09
9. Notice of adverse determination dated 08/21/09 by Dr.
10. Notification of reconsideration determination by , D.O., as a denial
11. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who reportedly sustained a right foot injury on xx/xx/xx. The employee reported that a co-worker dropped a pallet on his right foot.

The employee was initially seen in the emergency care clinic which indicated he had a fracture. The employee was placed on medication, crutches, and in a walking boot. The employee was prescribed Hydrocodone. The initial physical examination revealed the employee had tenderness to palpation of the third metatarsal base of the right foot, and x-rays revealed evidence of a fracture at the third metatarsal base of the right foot. The employee was recommended for follow-up and was placed on work restrictions.

The employee was seen on 06/23/09 and stated that he had no relief and had moderate pain to palpation of the third metatarsal base with slight edema. Radiographs revealed no change to the fracture. The employee was recommended for MRI of the foot.

On 07/10/09, the employee was seen in follow-up and was noted to have undergone an MRI and stated he had some relief since the last visit; however, he continued to experience moderate pain to percussion in the dorsum of the right foot without edema. The employee was diagnosed with nerve entrapment of the dorsum of the right foot. An MRI was discussed.

The employee was seen on 07/17/09 after undergoing a steroid injection noting two hours relief. The employee was noted to have undergone a repeat injection of the dorsal cutaneous nerve of the right foot.

On 07/24/09, the employee returned stating twelve hours of relief after last injection.

A clinical note dated 07/31/09 indicated the employee stated he had three days relief with the last injection but continued to experience pain, tingling, and burning of the dorsum of the right foot. Re-injection of the cutaneous nerve on the right was performed with follow up in two weeks.

On 08/18/09, the employee returned stating there was a slight difference in the pain since the last visit. He stated he was still having a burning and shooting sensation at the top of the foot; however, he could not lace up shoes well without discomfort, and stated it was almost impossible for him to stand or walk for prolonged periods, and wanted to know what else could be done. Percussion of the dorsal cutaneous nerve elicited sharp shooting pain with pain radiating to the foot. The employee was diagnosed with dorsal cutaneous nerve entrapment with secondary exostosis due to trauma in the area, and the employee was recommended for surgical approach.

An initial review on 08/21/09 indicated that the request for right foot dorsal exostectomy with release of nerve entrapment outpatient was not certified. Allen Deutsch, M.D., indicated that there was no complete physical or neurologic examination presented for review and no comprehensive history of conservative management including physical therapy progress notes, pain medication, splinting, injections provided for review and no diagnostic imaging submitted for review.

On 09/15/09, the employee stated he continued to experience tingling and burning at the top of the foot, specifically over the dorsal cutaneous nerve on examination, and the employee underwent a repeat steroid injection.

Re-review on 09/18/09 carried out by D.O., DPM, indicated that there was no reported exostosis on MRI study. The employee was noted to have undergone conservative management with steroid injections, padding, and physical therapy were not reported in

the clinical notes supplied. Emphasis was placed on the lack of physical therapy rendered to the employee.

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

The prior reviewers indicated they did not have sufficient information regarding the employee's conservative management to include steroid injections, and oral pain medications. The clinical notes provided for this review clearly show the employee was placed on Hydrocodone and developed neuropathic pain along the dorsal cutaneous nerve. The employee underwent multiple injections of the nerve and the notes clearly show improvement ranging from two hours up to three days. The injections are both diagnostic and therapeutic and provide sufficient evidence of entrapment of the dorsal cutaneous nerve. It should be noted that entrapment of the dorsal cutaneous nerve is a clinical diagnosis and not one based upon MRI or imaging studies and physical therapy is not an appropriate conservative management technique for this diagnosis and would likely worsen the neuropathic pain. The surgical intervention; i.e. excision of dorsal exostosis and release of nerve entrapment right foot, is considered medically reasonable and necessary at this time.

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

1. **Official Disability Guidelines** are silent for this diagnosis.
2. Styf J. Entrapment of the superficial peroneal nerve. Diagnosis and results of decompression. *J Bone Joint Surg Br.* Jan 1989;71(1):131-5. [\[Medline\]](#).
3. Sridhara CR, Izzo KL. Terminal sensory branches of the superficial peroneal nerve: an entrapment syndrome. *Arch Phys Med Rehabil.* Nov 1985;66(11):789-91. [\[Medline\]](#)
4. Styf J, Morberg P. The superficial peroneal tunnel syndrome. Results of treatment by decompression. *J Bone Joint Surg Br.* Sep 1997;79(5):801-3. [\[Medline\]](#).
5. Johnston EC, Howell SJ. Tension neuropathy of the superficial peroneal nerve: associated conditions and results of release. *Foot Ankle Int.* Sep 1999;20(9):576-82. [\[Medline\]](#).