



IRO#
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DATE OF REVIEW: 09/23/2009, AMENDED 9/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO: Midfoot Charcot Reconstruction TAL & Midfoot Arthrodesis Osteotomy

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

This case was reviewed by a Texas licensed DPM, specializing in Podiatry. The physician advisor has the following additional qualifications, if applicable:

ABPS Foot Surgery

REVIEW OUTCOME:

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

Upheld

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|---|------------------|---------------------------|--------------------------------------|
| IRO: Midfoot Charcot Reconstruction TAL & Midfoot Arthrodesis Osteotomy | 28730, 27685 | - | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

| No | Document Type | Provider or Sender | Page Count | Service Start Date | Service End Date |
|-----------|-----------------------|---------------------------|-------------------|---------------------------|-------------------------|
| 1 | PA Reviewed | | | 09/15/2009 00:00:00 | |
| 2 | IRO Request | | 54 | 09/15/2009 | 10/05/2009 |
| 3 | UR Request | DPM | 1 | 08/03/2009 | 08/03/2009 |
| 4 | Initial Denial Letter | Worker's Comp Services | 8 | 08/06/2009 | 08/17/2009 |
| 5 | RME | Evaluation Centers | 9 | 07/22/2009 | 07/28/2009 |
| 6 | IRO Request | Law Office A Professional | 15 | 09/01/2009 | 09/15/2009 |

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|----|---------------------|----------|---|------------|------------|
| | | Co | | | |
| 7 | Office Visit Report | M.D. | 9 | 10/13/2008 | 06/02/2009 |
| 8 | Office Visit Report | DPM, PA | 4 | 06/22/2009 | 08/07/2009 |
| 9 | Op Report | Hospital | 3 | 10/22/2008 | 10/22/2008 |
| 10 | Diagnostic Test | Imaging | 5 | 07/06/2009 | 07/06/2009 |

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who initially injured his right foot on xx/xx/xx while falling at work. He was trying to get out of the way of falling lumber. He was diagnosed with a fracture to his 1st and 2nd metatarsals of the right foot. He had open reduction with internal fixation (ORIF) with plating to the right foot on 10/21/2008. He went on to a nonunion of the affected bones and developed a Charcot foot. He developed a valgus deviation of the fore foot and treated with casting and nonweightbearing by the treating doctors.

The patient's past medical history is significant for insulin dependent diabetes mellitus. His past surgical history includes amputation of his left leg and open reduction with internal fixation to his right foot. His current medications are insulin.

Current diagnosis is Charcot foot, right.

DOI xx/xx/xx

Radiographic evaluation revealed malunited 1st metatarsal with dorsal displacement, instability of 2nd metatarsal and Degenerative changes in 3rd and 4th metatarsals.

A CT scan of the right foot was performed on 7/6/09, which revealed diffuse callus formation throughout the forefoot, periosteal reaction seen at base of 1st and 3rd metatarsals, and severe atherosclerosis.

Conservative treatment, thus far, has consisted of casting, immobilization, and nonweightbearing.

Requested treatment is Charcot reconstruction with TAL right foot

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

According to the ODG guides in the Foot and Ankle chapter, Charcot reconstruction is not recommended. The ODG recommends Bracing and orthotic treatment to help stabilize the foot and reduce morbidity associated with Charcot feet. ODG also states that, stability and accommodative footwear is the preferred treatment course for a Charcot foot.

Based on the provided 54 pages of records and utilizing evidenced base standard of practice of medicine, the request for Charcot reconstruction with a TAL is not medically appropriate.

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| Surgery for Charcot arthropathy | Not recommended. Recommend bracing and orthotics. Charcot arthropathy is a destructive process, most commonly affecting joints of the foot and ankle in diabetics with peripheral neuropathy. Affected individuals present with swelling, warmth, and erythema, often without history of trauma. Bony fragmentation, fracture, and dislocation progress to foot deformity, bony prominence, and instability. This often causes ulceration and deep infection that may necessitate amputation. Treatment should be focused on providing a stable and plantigrade foot for functional ambulation with accommodative footwear and orthoses. Foot-specific patient education and continued periodic monitoring may reduce the morbidity and associated expense of treating the complications of this disorder and may improve the quality of life in this complex patient population. (Sanders, 2004) (Pinzur, 2004) (Trepman, 2005) |
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

Foot Ankle Chapter