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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left Subtalar Fusion w/possible placement of Allograft Bone 28725

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:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse determination letters, 1/21/10, 2/19/10
Office Note, Dr.: 01/08/10
CT Report: 02/01/10
ODG Indications for Surgery-- Ankle Fusion

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male roofer who slipped on paint and fell from a twenty foot roof. The injury date was xx/xx/xx. He sustained a left calcaneal fracture that was treated nonoperatively. Notation was made of treatment with a posterior splint, fracture boot, physical therapy, Lyrica and Hydrocodone. The claimant was seen by Dr. on 01/08/10 for persistent complaints of pain, antalgic gait, numbness, tingling and stiffness with constant lateral hindfoot pain that was increased with standing and walking. The claimant was noted to be taking Hydrocodone daily and using a cane. One notation was made that the claimant was a smoker and another notation was made that the claimant was advised to quit smoking prior to surgery. Physical examination on 01/08/10 demonstrated antalgic gait, tender lateral hindfoot and sinus tarsi, decreased dorsiflexion and plantarflexion, no subtalar motion, strength of 5/5, good circulation and decreased sensation in the dorsal and plantar aspects of the left foot. Radiographs from 01/08/10 showed posttraumatic subtalar arthritis, depressed Bohler's angle and disuse osteopenia. The claimant was diagnosed with symptomatic posttraumatic subtalar arthritis following calcaneal fracture. Surgery was recommended for subtalar fusion with possible allograft with pre surgical planning CT evaluation. The claimant was to work sedentary duty only. CT evaluation of the left ankle performed on 02/01/10 noted fractured calcaneus in the mid to anterior calcaneal body centered left of midline with several small fractures present and minimal displacement, the fractures were assumed to be acute but notation was made that the margins were not very sharp and they could be due to an older injury; osteopenic to osteoporotic bony structures; no other fractures were identified; and fairly diffuse but mild edema was present.

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

Based upon review of the records in this case and the ODG guidelines, the reviewer finds that medical necessity does not exist for Left Subtalar Fusion w/possible placement of Allograft Bone 28725. There is no documentation of failure of conservative care consisting of immobilization or anti-inflammatory medications in this case. There should be subjective clinical findings of pain which is relieved by a lidocaine injection. There are findings of pain; however, no diagnostic injection is documented. There should be objective clinical findings of malalignment and decreased range of motion, which does appear to be present in this case with no subtalar motion present on physical examination. Lastly, there should be imaging clinical findings of a positive x-ray confirming subtalar arthritis, which is present. As there is no evidence of conservative care or response to a lidocaine injection, the proposed fusion is not medically necessary at this time. The reviewer finds that medical necessity does not exist at this time for Left Subtalar Fusion w/possible placement of Allograft Bone 28725.

ODG Indications for Surgery -- Ankle Fusion

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint.

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS

2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS

3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS

4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography

Procedures Not supported: Intertarsal or subtalar fusion.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)