



Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 7/22/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied requests for:

1. CPT code 20550 - Platelet injection; Left Foot.
2. CPT code 28202 – Repair/Graft Left Foot Tendon; Release

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

Texas licensed orthopedic surgeon.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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.

The previously denied requests for:

1. CPT code 20550 - Platelet injection; Left Foot.
2. CPT code 28202 – Repair/Graft Left Foot Tendon; Release

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Referral dated 7/22/10.
- Request Form dated 7/12/10.
- Adverse Determination on Reconsideration dated 6/25/10.
- Non-Certification on Reconsideration dated 6/25/10.
- Physician Reviewer Final Report dated 6/25/10.
- Email dated 6/21/10, 6/10/10.
- Physician's Report dated 6/14/10.
- Independent Pre-Certification dated 6/14/10.
- Request for Authorization dated 6/10/10.

- History/Physical/Treatment dated 6/3/10, 4/21/10, 4/1/10, 2/24/10, 2/16/10, 11/2/09, 10/14/09, 9/30/09.
- Follow-up Visit dated 5/24/10.
- MRI Left Ankle without Contrast dated 4/16/10, 10/8/09.
- Daily Note dated 1/12/10.
- Work Status Report dated 1/12/10, 1/5/10, 12/21/09, 12/16/09, 12/9/09, 12/3/09, 11/30/09, 11/17/09.
- Initial Evaluation dated 12/11/09.
- Examination dated 10/21/09.
- Employer's First Report of Injury or Illness dated 10/1/09.
- Supervisor/Principal's Accident Report dated 9/30/09.
- Patient Note dated 1/3/07, 12/21/06, 12/18/06, 12/13/06, 12/8/06, 10/15/04.
- Pre-Authorization dated (unspecified date).

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Jumped up.

Diagnosis: Plantar fasciitis.

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

This male jumped up on xx/xx/xx and injured his foot. The diagnosis was plantar fasciitis. Dr. treated the claimant in 2004 and 2006 for paronychia. The claimant was seen on 9/30/09. Reportedly, X-rays showed a heel spur. The MRI of the left ankle, dated 10/08/09, revealed plantar calcaneal enthesopathy and plantar fasciitis particularly affecting the central cord origin. There was associated high-grade rupture which appeared acute in nature with surrounding soft tissue and marrow edema. There were chronic lateral ligamentous sprains particularly affecting the anterior talofibular ligament likely moderate to high grade in severity with associated soft tissue within the lateral gutter. Chronic deltoid ligament sprain was noted. There was an ankle effusion with fluid tracking along the posterior tibialis and peroneus tendon sheaths. Dr. evaluated the claimant on 10/21/09. There was moderate pain over the plantar fascial insertion area. A boot, weight bearing as tolerated and Balacet were recommended. Dr. evaluated the claimant on 12/11/09. There was tenderness along the central cord with extension into the arch and at its insertion. Mild swelling was noted. Dr. stated that the MRI and X-rays showed bunion type surgery on left foot, flattening of his longitudinal arch at this time, small heel spur and an os trigonum. Orthotics and physical therapy were recommended. The MRI of the left ankle, dated 4/06/10, revealed plantar calcaneal enthesopathy and thickening of the central cord plantar fascial origin consistent with chronic fasciitis. There was significant interval improvement in the amount of edema with resolution of intrasubstance

fluid signal consistent with chronic/remote sequela of partial thickness tear. There were no acute or full thickness defects noted. There was ankle joint effusion with propagation of fluid along the medial flexor tendon. There was a chronic partial thickness tear of the anterior talofibular ligament and deltoid ligament with lesser involvement of the calcaneofibular ligament similar to the prior examination.

There was mild degenerative marrow edema along the synchondrosis of prominent os trigonum. Dr. evaluated the claimant on 5/24/10 and compared the MRIs. Dr. stated that the tear had healed but the claimant had an inflammatory reaction. Dr. recommended a platelet rich protein injection.

The proposed left foot platelet rich plasma injection (CPT code 20550) is not medically necessary and appropriate based on review of the records provided. The ODG for platelet rich plasma (PRP) injections state that they are not recommended as recent high quality evidence shows this treatment is no better than placebo. As the studies do not support the use of PRP, the previous adverse determination is upheld. It appeared that interval imaging studies revealed healing in this case. The most recent MRI really did not provide a good indication for a surgical intervention. As such, the proposed procedure (CPT code 28202 – Repair/Graft Left Foot Tendon; Release) would not be considered medically necessary given the absence of clear cut operative indications on interval imaging studies. Therefore, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Foot and Ankle – Platelet rich plasma; Surgery for Plantar fasciitis.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).