



Notice of Independent Review Decision

DATE OF REVIEW: 12/07/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Tarsel Tunnel Decompression EPF
Removal Foreign Body – Left Foot

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

Board Certified in Orthopedic Surgery

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)

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.

Tarsel Tunnel Decompression EPF – UPHELD
Removal Foreign Body – Left Foot – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Notes, D.P.M., 05/17/10, 07/07/10, 07/19/10, 08/18/10, 08/24/10, 09/01/10, 09/03/10, 10/13/10., 11/03/10, 11/10/10
- MRI Left Ankle, M.D., 08/02/10
- MRI Left Foot, Dr. 08/02/10
- Electrodiagnostic Studies, M.D., 08/06/10
- Correspondence, Dr. 09/29/10, 11/11/10
- Denial Letter, 09/30/10, 10/12/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was seen by a podiatrist by the name of Dr.. He has evaluated the patient with no diabetic history and has all handwritten notes, which are very difficult to read. The patient reportedly had a four-to-five month history prior to his initial evaluation on xx/xx/xx of some hind-foot pain. The patient was hypothyroid and, as stated, non-diabetic. There were no reports of his weight that can be seen in the chart. The patient's diagnosis was plantar fasciitis and a questionable partial rupture and tarsal tunnel syndrome. There were no findings that can be legibly read in the chart to support any tarsal tunnel syndrome in the initial evaluation.

The claimant did receive an MRI, which was normal, of the ankle. Specifically, there was no evidence of any signal change or any increased fluid evidence surrounding the posterior tibial nerve or the neurovascular bundle. Also, there was no evidence of any masses in the area.

The foot MRI showed there was a small metallic foreign body believed to be in-between the first and second proximal phalanges of his left foot. As stated, the MRI of his ankle was the left ankle.

Throughout the record, there were reports and appeals for surgery to perform a tarsal tunnel release, an endoscopic plantar fascial release, and foreign body removal.

The patient did receive electrodiagnostic studies, which showed that he had some delay in the calcaneal branch of the posterior tibial nerve, but not the posterior tibial nerve. There was also some mono-neuropathy evidence in the saphenous nerve. Again, these were the only supporting findings of anything at that point remotely related to a tarsal tunnel syndrome. None the less, there had been repeated requests and appeals for the above mentioned procedures.

I do see that there was evidence of some orthotics, but I do not know whether or not these have been customized. There had also been some evidence of some injections.

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

The Tarsel Tunnel Decompression EPF and Removal Foreign Body – Left Foot are not medically reasonable or necessary. Clearly, there are not enough physical examination findings to support this. While there have been requests for a tarsal tunnel release and reports in the requests by the treating podiatrist that there has been delay of the posterior tibial nerve, this is not objectively factual. There appears to be a question of some delay in nerve transmission from the calcaneal branch, but this is a very small portion of the posterior tibial nerve indicating that there is most likely not evidence of nerve entrapment of the entire posterior tibial nerve. Furthermore, there has not been any formal immobilization that I can see in the handwritten charts provided. I also did not see adequate trials of anti-inflammatories in the records. I do not know of the standing dynamics of the foot as to whether or not there is an alignment issue, or if this has been addressed, nor have there been any reports in the charts of any physical therapy, strengthening exercises, stretching exercises, or any modification of activities. Further, I think, the actual diagnosis of tarsal tunnel syndrome comes into question with the first evaluation on x/xx/xx, and this diagnosis has not been clearly derived from the evaluations and treatments to date. In conclusion, at this point, the records do not reflect that there is sufficient data to support either of the requested procedures.

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)**
- AMA GUIDES 5TH EDITION**