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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Excision of Ostrigonum left foot (28118)

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

DPM: 04/06/10, 04/22/10, 05/05/10, 05/07/10, 06/01/10, 06/11/10, 06/22/10, 07/02/10, 07/22/10, 08/12/10, 09/03/10, 09/21/10, 10/05/10, 10/14/10, 10/22/10, 10/12/10, 11/08/10

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates does not address.

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left ankle on xx/xx/xx. The claimant was playing when a man fell and landed forcibly across the claimant's left medial ankle and his ankle was forcibly inverted. The claimant removed his shoe and had significant swelling and bruising. An MRI and x-rays at that time revealed a ruptured deltoid ligament as well as tenosynovitis of the medial ankle structure and the claimant was initially treated with immobilization in a cast boot for approximately two months and transitioned into a shoe. When the claimant saw Dr., a podiatrist, on 04/06/10 he still had pain, occasional swelling and a popping sensation. On examination he had diffuse pain on palpation to the medial aspect of his left ankle. The pain was most prominent and pronounced just posterior to the medial malleolus. The claimant's posterior tibial strength was noted to be 4/5, while his flexor digitorum longus and flexor hallucis longus were within normal limits. The claimant's Achilles strength was also within normal limits although he was unable to perform a single heel raise. With extreme eversion of the subtalar joint, the claimant noted a popping sensation along his medial ankle. There was no crepitus to the subtalar joint with motion and the motion was pain free. Dr. recommended a Medrol dosepak which did not help relieve the claimant's symptoms. The claimant underwent a left ankle deltoid ligament and flexor tendon repair on 05/05/10. Postoperatively the claimant was non-weight-bearing for a month and slowly transitioned from a cast boot into a shoe. The claimant continued to have swelling and

popping in his left ankle. An MRI (no date) reportedly showed the deltoid ligament was intact but there was fluid along the flexor hallucis longus tendon to the posterior ankle along the os trigonum. Dr. recommended excision of os trigonum. This was noncertified by a peer review dated 10/12/10 as the need for surgery was not supported by any clinical records and there were no reports of injections given. The claimant then received an injection on 10/14/10 but reported on 10/22/10 when he saw Dr. that the injection had not changed his symptoms. A peer review dated 11/08/10 again noncertified the excision of os trigonum as there was no objective evidence of tenderness to palpation or documented tenderness over the peroneal tendons made worse with passive plantar flexion and the MRI did not document fluid surrounding the Os associated with bone marrow edema.

It was noted that non-operative treatment would include a local steroid injection and cast immobilization to reduce soft tissue swelling.

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

It is important to note that an Os Trigonum is seen as a normal finding on radiograph on a very frequent basis. The MRI in this case suggested medial ligamentus injury, and indeed a medial repair procedure was performed in 05/10. It does not appear the two MRI studies revealed any injury about the Os Trigonum or any bone marrow edema to suggest that it was symptomatic. In short the records provided do not support the medical necessity of excision of the Os Trigonum from the left foot. The reviewer finds that medical necessity does not exist for Excision of Ostrigonum left foot (28118).

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates does not address.

Wheeless' Textbook of Orthopedics online: Os Trigonum/Posterior Talar Impingement

Signs and symptoms:

Symptoms are worse when she assumes the en pointe position

Tenderness to palpation at posterolateral aspect of ankle posterior to the peroneal tendons, which is made worse with passive plantar flexion

MRI: look for fluid surrounding the Os and associated marrow edema (absence of talar marrow edema)

Posterior Compression Syndrome: (see: diff dx);

Arises from forced plantar flexion in Ballet dancers;

Impingement of posterior aspect of talus between tibia & calcaneus may cause block to plantar flexion;

Results in painful lateral compression between calcaneus and posterior aspect of tibia;

Forceful passive plantar flexion should reproduce the patients symptoms;

In contrast, both FHL tendinitis and posterior tibial tendinitis cause posteromedial tenderness;

A differential lidocaine/steroid injection (injected laterally at the posterior process of the calcaneus) should relieve symptoms;

Note that this condition may occur along with FHL tendonitis;

Non-operative treatment:

Local steroid injections can be effective;

Cast immobilization might reduce soft tissue swelling, but it will not reduce block to motion;

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

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: Wheelless' Textbook of Orthopedics online: Os Trigonum/Posterior Talar Impingement

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)