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Notice of Independent Review Decision

DATE OF REVIEW: 12/12/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a tibial osteotomy of the left foot (27705 and 28302).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a tibial osteotomy and a talus osteotomy of the left foot (27705 and 28302).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

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These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 11/22/10 letter by, 11/4/10 denial letter, 11/19/10 denial letter, 10/6/10 report by MD, 11/4/10 report by, MD and 11/18/10 report by MD.

Dr.: progress notes by PA-C 4/19/07 to 11/10/10, progress notes by Dr 1/11/07 to 9/8/10, letter by Dr. 5/7/07, HPI notes dated 4/19/06 to 8/23/06 by Dr. SOAP notes by PA-C 8/1/06, 1/24/10 disability eval by, MD and 1/27/10 2 view x-ray reports of both the right and left ankles.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The male sustained an injury on xx/xx/xx. 01/19/07 dated progress note indicated that the claimant was injured when he fell 10-12 feet, landing on both feet resulting in fractures of the bilateral lower extremities, including the ankle joints. The claimant has undergone multiple procedures including osteotomy of the distal tibia with external fixation. A 1/21/10 dated x-ray series documented posttraumatic changes with exuberant callous plus ankylosis of the tibial, distal fibula, talus, and calcaneus. A progress report dated 09/08/10 denoted that the claimant complained of a left foot dropping into inversion while walking, despite a prior tibial-talar fusion. The progress note dated 10/05/10 denoted that the claimant was considered for a distal osteotomy to correct foot deformity. An 11/11/10 dated progress note revealed a diagnosis of post-traumatic DJD. Exam findings revealed that "the patient can hardly walk on that foot, he does depend on a cane to walk and he does not put all the weight on that foot because of the severity of the pain and the varus deformity that he has. Basically, by walking on the side of the foot he does not need to put any pressure on the medial aspect of the foot." Denial letters have included the lack of any recent objective exam findings and/or imaging studies.

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

The reviewer opines that the recent documentation submitted is highly subjective in nature. Despite references regarding the claimant having a varus attitude to the foot and dropping of the foot into inversion, a recent detailed physical examination of the lower extremity (including the foot and ankle) has not been provided. In addition, recent x-rays have not been submitted with regards to the foot and ankle (previously fused) construct. Finally, evidence of a failure of a comprehensive non-operative treatment program (including at a minimum an ankle foot orthosis and/or walking boot or brace) has not been submitted. Applicable guidelines would therefore not support such a consideration for operative intervention (basically a request for revision of prior fusion via osteotomy) at this time, in light of the preceding guideline-associated rationale.

AFO is recommended by ODG as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation

during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used.

Imaging- per ODG- Recommended. Imaging studies are generally accepted, well established and widely used diagnostic procedures.

Fusion- per ODG- Recommended as indicated below. Also see Surgery for calcaneal fractures.

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- 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)