

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/27/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right ankle posterior tibialis tendon exploration with possible repair

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

MD, 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**

ODG Guidelines and Treatment Guidelines

Denial Notices, Forte, 12/28/09, 1/5/10

M.D. 12/18/09, 8/14/09, 7/10/09, 7/8/09, 6/9/09, 4/28/09, 3/13/09, 8/28/09

Hospital 1/26/09

M.D. 11/5/09

**PATIENT CLINICAL HISTORY SUMMARY**

Dr. reported xx/xx/xx in a DDE that the injured employee slipped and fell, inverting the right foot. Ankle MRI noted arthrosis and chondromalacia of the navicular joint. A hypertrophic tear of the peroneus tendon was noted. Surgical intervention ensued and subsequent imaging noted multiple tendon pathology. The Designated Doctor felt that maximum medical improvement had not been reached. There was a request for posterior tibialis tendon repair that was not certified. Reconsideration was also not certified. The reason provided was a lack of objectification of the pathology and no noted change on physical examination to support the request. Dr. progress notes of July 10, 2009 indicate that there was a MRI demonstrating a partial tear of the posterior tibialis tendon with tenosynovitis of the anterior tibialis tendon. Several months later, there is an indication that the oral analgesics were not as effective. The next follow-up evaluation noted worsening symptoms and a referral for tendon injection. An injection of Marcaine to the affected area had no relief.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request does not comply with the ODG indications for surgery. There is no competent, objective and independently confirmable medical evidence presented to support the request. The physical examination noted no specific pathology other than tenderness in that location. With the lack of the standards noted in the ODG and the lack of physical examination findings and no radiology report supporting the assessment, there is a lack of data presented to support this request. The reviewer finds that medical necessity does not exist at this time for Right ankle posterior tibialis tendon exploration with possible repair.

**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)

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