



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Excision exostosis dorsum left foot

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Orthopedic Surgery, fellowship trained in Hand and Upper Extremity Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. **Employers First Report of Injury**
2. **Insurance company denial letters**
3. **Office notes from Dr. office**
4. **Office notes from pain management**
5. **EMG report**
6. **Operative report 4/23/09.**

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered a significant trauma to the lower extremity at work. The patient was involved in a motor vehicle accident and underwent open reduction for a tibial plateau fracture. The patient also had rib fractures. Subsequently, after the fracture was treated the patient developed a peroneal nerve palsy. This was decompressed at the knee. Despite this, the patient continued to have dorsal foot pain. Recently, the surgeon is requesting removal of a painful exostosis on the dorsal aspect of the foot. There has been no documentation of conservative care.

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

The ODG guidelines do not adequately cover this request. More so, there is no documented conservative care. The request is not medically reasonable or necessary based on the medical records provided.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
Matsen's Shoulder Text and OKU Shoulder.
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)