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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 06/30/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Fusion of the right subtalar joint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Orthopedic Surgery
Fellowship Trained in Foot and Ankle Surgery

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X	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.

Fusion of the right subtalar joint – Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Evaluations with, D.P.M. dated 01/07/10, 01/26/10, 02/16/10, 03/02/10, 03/23/10, 04/26/10, and 06/07/10

A letter of non-certification for right foot surgery, according to xxxxxx, M.D., dated 04/30/10
A letter of non-certification, according to the Official Disability Guidelines (ODG), from, D.P.M. dated 06/11/10
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

X-rays of the right foot on xxxxx showed a near complete heal of a fracture across the main body of the right calcaneus just posterior to the subtalar joint. Dr. recommended weight bearing activities. On 01/26/10, Dr. recommended continued cast boot immobilization for two to three weeks and aggressive offloading. Right ankle intrarticular injections were performed on 02/16/10 and 03/02/10. On 03/23/10, Dr. recommended a subtalar joint fusion. On 04/30/10, Dr. wrote a letter of non-certification for surgery. On 06/11/10, Dr. also wrote a letter of non-certification for surgery, according to the ODG.

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

First off, I would like to say that it is not uncommon for joint incongruity to have taken place with a calcaneal fracture whether or not there is operative or non-operative management. This incongruity can lead to arthritis, degenerative changes, and subsequent progressive degenerative arthritis and arthrosis of the subtalar joint, which causes pain and increases with time. Therefore, often times subtalar joint fusion is indicated for chronic pain and arthritis of the subtalar joint after a calcaneal fracture. Unfortunately, this individual has an osteochondral lesion in the ankle, which often times is very painful itself, and there may be a significant amount of pain derived in the foot and ankle area from this lesion, as well.

I do not think at this particular time that the actual contribution of pain is adequately sorted. First off, the 20% pain resolution after subtalar injection is odd, especially if a local anesthetic was given. It should have caused a significant reduction in pain and it did not. This may have been because the injection was inadequate and did not reach the majority of the joints and, therefore, was not as diagnostic as possible. The MRI from November 2009 was also not provided for my review to substantiate the clinical findings listed, including the osteochondral lesion. On 01/07/10, Dr. states, “right foot films reveal what appears to be near complete heal of a fracture across the main body of the right calcaneus just posterior to the subtalar joint. It does not appear at this time to involve the subtalar joint and the joint space to the subtalar joint appears to be within normal limits”. On 01/26/10, Dr. states, Right foot films reveal what appears to be a very incongruous and asymmetrical posterior facet of the subtalar joint. There also appears to be a healed fracture of an old os trigonum in this area. The os trigonum is unfortunately plantarflexed and moderately deviated into the subtalar joint”. The patient relayed on 03/02/10 only 20% improvement with the subtalar injection and another injection was performed that day. When the patient returned to Dr. on 03/23/10, he said the second injection only provided 30% resolution of his symptomology. He noted the patient was still experiencing fairly significant pain to the subtalar area while walking across uneven surfaces and at that point, he desired surgical correction and fusion of the subtalar joint. Therefore, the requested fusion of the right subtalar joint is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- ☐ 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
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- X 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)