

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left tibial/fibular sesamoidectomies, 28315

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

Workers' Comp Services, 6/9/10

Workers' Comp Services, 6/17/10

X-Rays, 2/17/07

OD Guidelines, Foot and Ankle (Does not address)

Office notes, Dr. 03/10/10, 04/28/10, 06/02/10

UR referral form, 06/03/10

Operative Orthopaedics, 11th ed., Chapter 78

Milliman Care Guidelines. Inpatient and Surgical Care 14th Edition

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who sustained a crush injury to his left foot in February 2007. The records indicated that the claimant was status post traumatic partial forefoot amputation with tibial and fibular sesamoiditis. A physician record dated 06/02/10 noted the claimant with continued pain with deformities at the left forefoot from the partial amputation. Sesamoidectomy was discussed. Left tibial / fibular sesamoidectomies was recommended.

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

The proposed left tibial fibular sesamoidectomies are not medically necessary based on review of the records in this case. The claimant is status post crush injury to his left foot and partial amputation of the forefoot. There is no submitted documentation of radiographs

documenting a sesamoid abnormality or a bone scan or MRI, which would help understand if there is a non united sesamoid fracture or sesamoid arthritis in this case. There is no documentation of any type of conservative care provided for sesamoiditis such as a corticosteroid injection or a dancer unloader pad. Lastly there is no documentation of any tenderness overlying the tibial or fibular sesamoid. Although the ODG Guidelines do not address sesamoidectomies if one looks to the Milliman Care Guidelines, sesamoidectomy is indicated for fracture dislocation or other skeletal injury requiring the procedure. There is no documentation of any type of sesamoid pathology in this case. Therefore, sesamoidectomy cannot be recommended. The reviewer finds that medical necessity does not exist at this time for Left tibial/fibular sesamoidectomies, 28315.

Milliman Care Guidelines. Inpatient and Surgical Care 14th Edition.

28315 Sesamoidectomy, first toe (separate procedure)

Musculoskeletal Surgery or Procedure

Clinical Indications for Procedure

- Surgery or other procedures covered by this guideline are indicated for 1 or more of the following(1)(2)(3):
 - o Fracture, dislocation, or other skeletal injury requiring procedure Wound or soft tissue repair needed Tumor requiring resection or biopsy(8)(9)
 - o Removal of implanted devices needed Established osteomyelitis or other infection requiring bone resection(11)(12)(13)
 - o Limb reconstruction or amputation needed Fasciotomy needed for compartment syndrome or other process(1)(15)
 - o Bone repositioning procedure (eg, wedge osteotomy) needed Spinal realignment procedure required Musculoskeletal congenital or acquired dysfunction

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: Canale & Beaty: Campbell's Operative Orthopaedics, 11th ed., Chapter 78

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