



Notice of Independent Review Decision

DATE OF REVIEW: 3/8/10

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for inpatient left subtalar joint arthrodesis with a two day length of stay (LOS).

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

Texas licensed orthopedic surgery/sports medicine physician.

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)

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.

The previously denied request for inpatient left subtalar joint arthrodesis with a two day LOS.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover/Authorization Request dated 1/18/10.
- Initial Orthopedic Consultation dated 1/5/10.

- Follow-Up Medical Consultation Office Visit dated 11/10/09, 10/27/09.
- Report dated 11/4/09.
- MRI of the Left Ankle dated 10/27/09, 10/21/08.
- Texas Worker's Compensation Work Status Report dated 10/27/09, 12/22/08.
- History and Physical/Initial Medical Evaluation dated 10/9/09.
- Health Insurance Claim Form dated 9/25/09.
- Letter of Clarification dated 9/24/09.
- Report of Medical Evaluation dated 8/13/09, 8/13/09, 6/9/09.
- Functional Capacity Evaluation dated 6/15/09, 6/12/09.
- Designated Doctor Evaluation dated 6/9/09.
- Notice of Utilization Review Findings dated 4/3/09.
- Visit Note dated 3/17/09, 3/4/09, 2/4/09, 1/7/09, 12/22/08, 12/1/08, 11/10/08.
- Progress Note dated 10/24/08, 10/16/08.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: M

Date of Injury: xx/xx/xx

Mechanism of Injury: Hydraulic cylinder crushed the lateral aspect of the left ankle.

Diagnosis: Ankle sprain.

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

This male sustained a work related injury to the left ankle and foot on xx/xx/xx. The mechanism of injury occurred when he was working in a xxxx and a hydraulic cylinder crushed the lateral aspect of the left ankle. The claimant treated with Dr., at, for an ankle sprain. The claimant had mild swelling of the lateral ankle and decreased active range of motion (ROM), pain, and tenderness of the lateral and medial malleolus. Physical therapy (PT) was ordered. An MRI of the left ankle, on 10/21/08, showed diffuse talocalcaneal articulation arthritis. The entire posterior facet demonstrated moderate osteoarthritic changes. The talus was somewhat dysmorphic. At the medial aspect of the posterior facet of the subtalar joint, there was an area of narrowing of the joint concerning for some congenital fibrocartilaginous tarsal coalition. There was also tibiotalar joint arthritis as well as dorsal arthritis at the talonavicular articulation. There was longitudinal splitting of the peroneus brevis and some peroneus longus tendinopathy. There was arthritis of the calcaneocuboid joint and the calcaneonavicular joint. There was strain of the calcaneofibular ligament and medial deltoid ligament without a discrete lateral or medial collateral ligament tear. There was also arthritis at the articulation of the fibula and the lateral

border of the talus. The claimant was referred to Dr., podiatrist, and evaluated on 11/10/08. It was noted that the claimant had a history of "right" foot surgery in 1997, status post motor vehicle accident. On exam of the left foot and ankle, the claimant had severe tenderness over the sinus tarsi and medial ankle gutter, lateral ankle gutter, deltoid ligament complex, mid portion of posterior tibial tendon, peroneal brevis tendon and peroneal longus tendon. He had decreased painful ROM at the subtalar joint with clicking and painful ankle ROM. The X-rays showed degenerative changes about the subtalar joint and to a lesser extent the ankle joint was with osteolytic lipping. The talus was dysmorphic in shape. A weight bearing cast was applied that was changed to a cam walker on 12/01/08. Orthotics were ordered on 12/22/08. The claimant continued to have left lateral foot and ankle pain. On 03/04/09, Dr. documented tenderness over the sinus tarsi and distal fibula and mid portion of peroneal brevis and peroneal longus tendons. ROM was decreased at the subtalar joint. A lidocaine injection was given over the sinus tarsi and subtalar joint with a significant decrease in pain. Dr. discussed arthrodesis of the subtalar joint. He noted that the claimant denied having pain in his foot/ankle prior to the injury. The claimant had an independent medical evaluation (IME), on 06/09/09, with Dr., who felt that surgery was indicated. An impairment evaluation was done on 08/13/09, by Dr., who felt that the work related injury was limited to a contusion and/or sprain of the hind foot. He noted that the claimant had a pre-existing congenital "tarsal coalition" that might require surgery but was not related to the injury. On 10/09/09, the claimant was evaluated by Dr. for instability of the left foot and ankle and pain in the lateral and anterior aspect of the foot and ankle. The claimant complained of numbness in the distal aspect of the left lower extremity. He was falling due to instability of the foot and ankle when not wearing the orthotic boot. A history of a 1997 open reduction internal fixation of the "right" ankle was noted. On exam of the left ankle and foot, the claimant had severe tenderness along the left lateral malleolar and anterior talar areas. There was marked restriction in ROM and decreased sensation over the distal aspect of the left lower extremity and anterior aspect of the left foot and ankle. The impressions were severe instability of left foot and ankle; derangement of left foot and ankle; coalition abnormalities left foot; and extensive osteoarthritic changes. The claimant was placed on Celebrex and Elavil. MRI and electromyogram (EMG) studies were ordered. A 10/27/09 MRI of the left ankle showed thickening of the anterior talofibular ligament consistent with a subacute or chronic ligamentous injury. Narrowing of the posterior subtalar joint was noted with subchondral microtrabecular edema of the adjacent calcaneus. The claimant was referred for an orthopedic evaluation and was seen by Dr. on 01/05/10. Dr. noted that there was no history of left ankle or foot problems predating the accident of xx/xx/xx. On exam, the claimant had posterior ankle joint tenderness, marked tenderness over the sinus tarsi, and marked pain of the subtalar joint on inversion and eversion of the hind foot. Dorsiflexion was 30 degrees. Plantar flexion was 60 degrees, inversion was 20 degrees, and eversion was 12 degrees. The impression was left subtalar joint arthritis, crush injury to the left foot and left ankle sprain. Dr. felt that the pre-existing asymptomatic arthritic changes were aggravated by the accident of xx/xx/xx. He recommended left subtalar joint arthrodesis. The surgery was denied on previous peer reviews dated 01/25/10 and 02/16/10.

Left subtalar joint arthrodesis with a two day LOS is not indicated and appropriate. It should be noted that the ODG do not support subtalar fusion. There was evidence of tibiotalar arthrosis with decreased ROM in the most recent IME. With evidence of adjacent arthrosis and degeneration noted, there was, apparently, appropriate conservative treatment. This reviewer does not recommend a subtalar arthrodesis in this instance, based on the ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Ankle and Foot – Fusion.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).