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Notice of Independent Review Decision

DATE OF REVIEW: 11/15/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Retrospective right ankle injection on 09/24/10

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

Texas Board Certified Podiatrist

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 08/04/08 - History and Physical
2. 08/04/08 - MRI Right Foot
3. 08/05/08 - Operative Report
4. 08/08/08 - History and Physical
5. 08/08/08 - Venous Doppler
6. 08/09/08 - Radiographs Right Foot
7. 08/09/08 - Radiographs Right Femur
8. 08/09/08 - Radiographs Right Tibia/Fibula
9. 08/09/08 - Radiographs Right Ankle
10. 08/09/08 - CT Abdomen/Pelvis
11. 08/10/08 - Discharge Instructions
12. 10/13/08 - Operative Report
13. 10/23/08 - Operative Report
14. 11/18/08 - Operative Report
15. 12/16/08-05/25/10 - Physical Therapy Notes
16. 12/17/08 - Clinical Note - DPM

17.01/13/09 - Clinical Note - DPM
18.01/27/09 - Operative Report
19.02/11/09 - Operative Report
20.05/08/09 - Operative Report
21.07/22/09 - Clinical Note - MD
22.07/28/09 - MRI Right Thigh
23.08/10/09 - Clinical Note - MD
24.08/21/09 - Clinical Note - MD
25.10/01/09 - Clinical Note - MD
26.10/16/09 - Operative Report
27.12/02/09 - Health Insurance Claim Form
28.01/27/10 - Operative Report
29.04/21/10 - Clinical Note - Unspecified Provider
30.05/17/10 - Designated Doctor Examination
31.05/17/10 - Report of Medical Examination
32.05/17/10 - Health Insurance Claim Form
33.05/20/10 - Functional Capacity Evaluation
34.05/26/10 - Clinical Note - Unspecified Provider
35.06/02/10 - Letter - DPM
36.06/20/10 - Clinical Note - Unspecified Provider
37.06/30/10 - Clinical Note - Unspecified Provider
38.08/13/10 - Clinical Note - Unspecified Provider
39.08/27/10 - Clinical Note - Unspecified Provider
40.09/20/10 - Referral Request
41.09/24/10 - Clinical Note - Unspecified Provider
42.10/08/10 - Utilization Review
43.10/26/10 - Utilization Review
44.10/26/10 - Letter - DPM
45. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained a crush injury to the right foot on xx/xx/xx when a forklift fell on his right foot.

The employee was evaluated in the emergency room on the date of injury. Physical examination revealed a faint dorsalis pedis pulse. There was some discoloration of the right foot. There was marked edema, ecchymosis, and swelling to the right foot.

MRI of the right foot performed xx/xx/xx demonstrated multiple comminuted fractures seen predominately within the midfoot. The employee was assessed with crush injury to the right foot with multiple interarticular dislocated fractures, most notably the fifth metatarsal.

The employee underwent open reduction with application of an external fixator of the right foot. Venous Doppler of the lower extremity performed 08/08/08 was negative for evidence of deep venous thrombosis in the right lower extremity.

Radiographs of the right foot performed 08/09/08 demonstrate status post external fixation device placement for the right metatarsal fractures. Radiographs of the right femur performed 08/09/08 were normal with no evidence of fracture or dislocation. Radiographs of the right tibia/fibula performed 08/09/08 were normal with no evidence of fracture or dislocation. Radiographs of the right ankle performed 08/09/08 were normal with no evidence of fracture or dislocation. CT of the abdomen and pelvis performed 08/09/08 demonstrated abundant colorectal fecal material volume.

The employee underwent removal of external fixation of the right foot and debridement of the wound on 10/13/08.

The employee underwent debridement of the right foot wound and application of Integra graft on 10/23/08.

The employee underwent debridement of the right foot wound with removal of backing of Integra graft on 11/18/08.

The employee was seen for initial physical therapy evaluation on 12/16/08. The employee ambulated with a moderately antalgic gait, utilizing crutches. The note stated the employee was currently functioning at 60% of maximal function. The employee was recommended for twelve sessions of physical therapy.

The employee underwent closure of the right lateral foot wound with local musculocutaneous flap on 01/27/09.

The employee underwent application of Taylor Spatial frame of the right lower extremity on 02/11/09.

The employee underwent removal of external fixator hardware from the right lower extremity on 05/08/09.

MRI of the right thigh performed 07/28/09 demonstrated a mild strandy fluid signal within the right vastus musculature suggesting a Grade I muscle injury. No other abnormalities were noted.

The employee underwent ankle arthroscopy with extensive debridement of the right ankle, posterior capsulotomy of the right ankle, and tendoachilles lengthening of the right ankle on 10/16/09.

The employee underwent resection of the third and fourth metatarsophalangeal joints of the right foot on 01/27/10.

The employee was seen for Designated Doctor Evaluation on 05/17/10. The employee complained of constant pain in the low back, right hip, and right foot. Current medications include Tylenol. Physical examination revealed normal sensation over both feet. There was no swelling or redness. The employee was missing the fifth digit on the right foot. There was decreased right ankle range of motion. There was no tenderness to palpation of the ankle joint. The employee was assessed with fracture and amputation of the fifth toe. The employee was placed at Maximum Medical Improvement (MMI) and assigned a 2% whole person impairment.

A Functional Capacity Evaluation (FCE) was performed on 05/20/10. The employee's occupation as an requires a medium physical demand level. The employee was currently functioning at a medium physical demand level.

The employee completed a total of one hundred eight sessions of physical therapy on 05/25/10.

The employee was seen for follow up on 05/26/10. Physical examination revealed crepitus of the ankle. There was diminished range of motion. The employee ambulated with an antalgic gait. The employee was recommended for a possible steroid injection of the right ankle to help with scar tissue.

The employee was seen for follow up on 08/27/10. The employee reported continued pain in the right ankle. The clinical note was difficult to interpret due to poor handwriting and copy quality. It appeared the employee was given an injection. The employee was prescribed Mobic 15 mg.

A clinical note dated 09/24/10 stated the employee reported improvement following an injury. The rest of the clinical note was very difficult to interpret due to poor handwriting and copy quality.

The request for retrospective right ankle injection was denied by utilization review on 10/08/10 due to lack of evidence-based studies to support the use of corticosteroid injections for treatment of scar tissue in the ankle. There was no mention in the medicals regarding the anticipated benefits expected with the injection.

The request for retrospective right ankle injection was denied by utilization review on 10/26/10 due to lack of comprehensive evaluation of the tarsometatarsal joint to demonstrate scar tissue. Even if scar tissue were present, there was no basis for the cortisone injection to treat this condition.

A letter by Dr. dated 10/26/10 stated the employee received Cortisone injections to decrease inflammation and scar tissue, as well as allow him to mobilize the

ankle joint. The note stated these injections were performed to improve his quality of life and decrease pain.

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

The retrospective right ankle injection on 09/24/2010 is not recommended as medically necessary. The clinical documentation provided for review failed to demonstrate any significant functional limitations that would reasonably be improved with steroid injections. The employee was placed on anti-inflammatories and there is no indication from the objective examination that the employee had any significant complaints at the scar tissue sites that would reasonably have required corticosteroid injections. Current evidence based guidelines indicate that there is little evidence within clinical literature supporting corticosteroid injections for scar tissue pain. Given the lack of findings on examination that would support the injections and based on recommendations and current evidence based guidelines, the injections would not be indicated.

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

1. **Official Disability Guidelines**, Online Version, Ankle and Foot Chapter