



Notice of Independent Review Decision

DATE OF REVIEW: 11/12/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

STAT Right 2nd Toe Partial Amputation Outpatient 28820

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

Board Certified in Orthopedic Surgery

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.

STAT Right 2nd Toe Partial Amputation Outpatient 28820 – OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation M.D., 05/25/10, 06/03/10, 06/17/10, 06/24/10, 07/01/10, 07/08/10, 07/22/10
- Progress Note, M.D., 05/27/10
- X-rays Right Second Toe, M.D., 06/17/10, 07/22/10
- Progress Note, M.D., 07/15/10
- Progress Note, P.A., 07/29/10
- Orthopedic Note, M.D., 08/10/10, 09/21/10
- Initial Office Visit, Dr. 09/29/10
- Utilization Review Referral, Dr. 09/30/10
- Denial Letter, 10/05/10, 10/15/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a heavy piece of metal fall on his right toe on xx/xx/xx. Upon initial examination of the toes on the right foot, there was no deformity. Ecchymosis was present over the distal second toe, as well as mild edema. There was moderate pain on motion and tenderness of distal second toe. X-rays showed fracture of the distal phalanx right 2nd toe. The patient was initially treated with Ibuprofen 800 mg as needed and his toes were buddy taped and was provided with an orthopedic shoe. X-rays were then obtained on 06/17/10 which showed little change from 05/25/10. The fracture of the distal phalanx was again noted. Very slight haziness was noted at the fracture site indicating possible healing. Position and alignment remained satisfactory. X-rays obtained on 07/22/10 showed that the fracture could be becoming a non-union, which was not unusual for fractures in that area and was usually of no clinical significance. The patient continued to have pain in the toe and was referred to a foot orthopedic surgeon for further evaluation and treatment. The patient was initially instructed to wean into his steel-toed shoes over two weeks. He continued to have persistent pain at the tip of the 2nd toe, which had become unresponsive to conservative treatment. It was recommended the patient undergo a partial 2nd toe amputation removing the distal phalanx fracture site at the DIP joint, which would also remove the painful crush injury site.

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

The record by Dr. on 09/29/10 noted the original distal phalanx fracture of the second toe continued to cause significant pain with chronic swelling. The x-rays reveal what appears to be an apparently healed fracture in an acceptable position however the patient continues with chronic pain and swelling, limiting his shoe wear. The patient could not return to work wearing steel-toed shoes due to this chronic pain from the original fracture. The discussion as to an amputation was held with the patient, and after review of the medical records, at this time I would agree that a partial amputation to remove the offending area so the patient can wear appropriate footwear and return to work would be medically indicated.

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 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)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
- AMA 5TH EDITION**