

**Envoy Medical Systems, L.P.**  
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**IRO Certificate**

**Notice of Independent Review Decision**

**DATE OF REVIEW: 11/16/10**

**IRO CASE #:**

Description of the Service or Services In Dispute  
Excision arthroplasty with interpositional implants 4<sup>th</sup> and 5<sup>th</sup> cuboid joints

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

Licensed Dr. of Podiatric Medicine, foot surgeon

**REVIEW OUTCOME**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 10/25/10, 10/7/10\  
Bone scan report 6/10/10  
Electrodiagnostic testing report 4/8/10  
DDE report 1/26/10, 7/9/09  
MRI report 3/12/10  
Review 10/27/09, Dr.  
Clinical notes, Dr., 2010  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who injured her right foot in when she stepped awkwardly on a scale. She was taken to an urgent care facility, and was diagnosed with a fractured fifth metatarsal. She was initially treated with immobilization, and conservative treatment modalities. A bone scan revealed normal profusion, but mildly abnormal soft tissue activity and markedly increased bone uptake in the mid right foot laterally. An MRI revealed no abnormalities. The treating physician noted that the MRI was of poor quality, but no additional advanced imaging was reported. Neurological studies suggested significant neuropathy of the right common peroneal nerve without entrapment across the fibular neck. The patient continued to be treated with conservative modalities, but continued to complain of pain and disability. X-rays revealed a fragmentation and a possible small crack or nonunion of the fifth metatarsal proximal shaft. There were also degenerative changes and instability at the fourth and fifth metatarsal cuboid joints.

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

I agree with the denial of the requested services. Based on the medical records provided, there is not definitive, conclusive evidence of a nonunion of the fifth metatarsal, or arthrosis at the 4<sup>th</sup> and fifth metatarsal cuboid joint. There is clear failure of non-operative treatment. However, joint destructive procedures are most often indicated in cases of severe end-stage arthrosis and instability. These findings are often confirmed by advanced imaging. There is lack of a satisfactory MRI evaluation. Additionally, a long-standing non-union will generally be seen on plain film, as well as confirmed by MRI or CT scan. Surgical intervention is not appropriate without diagnostic confirmation by advanced imaging.

**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)