Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/31/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
RUSH Hardware removal Rt calcaneus & Sub-talar arthrodesis w/allograft, 29899, 20680

QUALIFICATIONS OF THE REVIEWER:
Orthopaedics, Surgery Trauma

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

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

RUSH Hardware removal Rt calcaneus & Sub-talar arthrodesis w/allograft, 29899, 20680 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page by author unknown dated 8/11/2010
2. Independent review organization by dated 8/11/2010
3. Preauthorization request by MD dated 7/26/2010
4. Office visit by author unknown dated 7/22/2009 to 7/21/2010
5. Notes by author unknown dated 7/22/2010
6. History by author unknown dated 7/13/2010
7. Letter by MD dated 7/8/2010
8. Physical therapy re evaluation by MD dated 7/6/2009
9. Letter by MD dated 6/30/2010
10. Initial office visit by author unknown dated 6/29/2010
11. Notification of determination by MD dated 6/24/2010
12. Follow up by MD dated 1/7/2010 & 4/8/2010
13. Initial evaluation by author unknown dated 9/18/2009
14. Subsequent medical report by DO dated 9/16/2009
15. CT spine thoracic by MD dated 8/4/2009
16. Progress note by PT dated 7/24/2009 to 8/28/2009
17. Letter by MA dated 6/26/2009
18. Physical performance evaluation by MD dated 7/6/2009
19. Addendum dated unknown

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a male injured and ultimately underwent ORIF of a right calcaneus fracture. He continues to have right hindfoot complaints. The last clinic note demonstrates there is mild swelling, widening of his heel,

tenderness in sinus tarsi area. He has 10 degrees of dorsiflexion, 20-30 degrees of plantarflexion; restricted and painful inversion and eversion. The radiographs demonstrate the calcaneus fracture has healed with good alignment. There is narrowing of the subtalar joint. He has been treated with physical therapy, activity modification and shoe wear modification.

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

The injured employee had fixation of a calcaneal fracture. The clinical notes indicate there is healed fracture fixation. There was mention of widening of the calcaneus. One of the goals in surgery was restoration of normal anatomy. This goal of surgery was not met. There were no official radiographic reports provided.

The joint most often involved after a calcaneus fracture is the subtalar joint. The ankle joint is not involved in general in post traumatic arthritis after a calcaneal fracture. There is not adequate documentation of post traumatic arthritis of the ankle joint. CT evaluation of the joint should be undertaken for the evaluation of post traumatic arthritis. Formal radiographic readings of the post operative radiographs should be provided.

In addition there is not strong enough documentation of subtalar joint arthritis. The provider mentions decreased joint space, and an injection into the subtalar joint was completed. We have no response to the injection noted.

ODG Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:

-There has been conservative care provided.

2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:

-There is not adequate documentation of this.

3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:

-The provider mentions widened calcaneus. No mention of joint space alignment or fracture alignment. There is decreased ROM documented.

4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.

-This is not documented.

Procedures Not supported: Intertarsal or subtalar fusion.

Overall, there is not adequate documentation to support the request for fusion and removal of hardware. ODG criteria are not met. The subtalar joint appears to be the joint involved and ODG criteria do not support subtalar fusion. There is no documentation of ankle joint arthritis, thus that procedure would not considered medically necessary. The recommendation is to uphold the previous denial.

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
- **X** 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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

J Bone Joint Surg Am. 2009 Mar 1;91(3):541-6. Subtalar fusion after displaced intra-articular calcaneal fractures: does initial operative treatment matter? Radnay CS, Clare MP, Sanders RW.

J Bone Joint Surg Am. 2005 May;87(5):963-73. Intermediate to long-term results of a treatment protocol for calcaneal fracture malunions. Clare MP, Lee WE 3rd, Sanders RW.

J Orthop Trauma. 2003 Feb;17(2):106-12. Displaced intra-articular calcaneal fractures: variables predicting late subtalar fusion. Csizy M, Buckley R, Tough S, Leighton R, Smith J, McCormack R, Pate G, Petrie D, Galpin R.