

SENT VIA EMAIL OR FAX ON
Mar/28/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
RT ankle scope, excision Mortons neuroma

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

Based on the clinical information provided, the request for right ankle scope is indicated as medically necessary

Excision of Morton's neuroma is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Office notes MD 10/28/10 through 02/22/11
2. Office notes MD 07/26/10 through 10/04/10
3. Electrodiagnostic consultation 09/27/10 (two pages)
4. MRI right ankle 08/11/10
5. Pre-authorization review determination 01/20/11 regarding denial right ankle scope, excision Morton's neuroma
6. Pre-authorization reconsideration/appeal review 03/01/11 regarding denial/non-cert right ankle scope and excision Morton's neuroma

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX-year-old male whose date of injury is XX/XX/XX. Records indicate he was changing oil in a truck. He stepped on a piece of concrete and turned his right ankle. X-rays of the right foot on 07/26/10 were noted to show significant osteoarthritic changes in the first metatarsophalangeal joint; significant lateral spurring also noted at this joint. Views of the right ankle were reported as negative study. MRI of the right ankle on 08/11/10 reported a complete tear of the anterior talofibular ligament with adjacent soft tissue edema; knob osteoarthritis noted within the ankle mortise. Electrodiagnostic testing on 09/27/10 was reported as essentially normal nerve conduction study but history suspicious for "stretching" type nerve injury. The injured employee initially was treated with boot walker and injection in the area of the medial malleolus. The injured employee was sent for orthopedic evaluation. Examination on 10/28/10 reported the injured employee to be X'XX" tall and XXX pounds. Examination of the right foot and ankle noted no tenderness to palpation along the distal fibula. There was no instability to anterior drawer talar tilt. Injured employee had a good stable exam with regard to his ATFL and CFL. There was some tenderness to palpation over the sinus tarsi region and mildly over the anterior talofibular ligament. There was no joint effusion. There was no tenderness to palpation along the peroneal tendon or down the base of the fifth metatarsal. There was no Liz Frank tenderness to palpation or instability in the Liz Frank ligamentous complex. There was some significant tenderness to palpation in the 3/4 interspace of his third and fourth toes. It was noted that the ankle injury had resolved and the injured employee now has Morton neuroma that has irritated in giving him numbness and tingling. The injured employee was suggested to undergo diagnostic and therapeutic injection in the 3rd and 4th interspace. The injured employee underwent injection of right foot on 12/09/10. The injured employee was seen in follow-up on 01/13/11. It is noted he initially had significant ankle sprain and was treated with physical therapy and anti-inflammatories. The injured employee was noted to have complication from ankle sprain and since that started have 3-4 interspace pain consistent with Morton's neuroma. Injection was performed approximately 5 weeks ago and the injured employee has not had any significant relief from it. The injured employee was recommended to undergo right ankle arthroscopy with debridement of lateral ankle impingement and excision of Morton's neuroma.

A preauthorization review was performed on 01/20/11. The reviewer noted the injured employee was noted to have history of ankle sprain with residual symptoms, but there was no report of any trial injection into ankle nor was any MRI report forwarded to help document intraarticular pathology. A trial injection of forefoot was reported to not provide any benefit, but there was no discussion of benefit of even the anesthetic phase of injection. There was no report of any use of metatarsal pad insert to help change the forefoot pressure of 3rd and 4th metatarsophalangeal joints. Accordingly, the need for both ankle arthroscopy and Morton neuroma excision will need further validation, and the request was non-certified as medically necessary.

A reconsideration / appeal request was reviewed on 03/01/11 and the physician advisor non-certified the request for right ankle scope and excision of Morton's neuroma. It was noted the injured employee complains of significant right ankle pain along anterolateral aspect of right ankle. The injured employee had Depomedrol injection into right ankle on 02/01/11 with no significant relief. No diagnostic / radiology reports were submitted for review. Accordingly, medical necessity was not established.

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

Based on the clinical information provided, the request for right ankle scope is indicated as medically necessary; however, excision of Morton's neuroma is not recommended as medically necessary. The injured employee sustained a sprained ankle on XX/XX/XX. He was treated conservatively with immobilization, physical therapy, and anti-inflammatory medications. The injured employee subsequently was noted to have developed findings consistent with Morton's neuroma. An injection was performed on 12/09/10 to right foot, but this injection provided no significant relief. The injured employee subsequently underwent injection of right ankle and again no significant relief was obtained. MRI of the right ankle was performed on 08/11/10. It appears from the previous reviews that this report was not

available. It notes a complete tear of the ATFL with adjacent soft tissue edema. As such the proposed ankle arthroscopy and possible debridement of lateral impingement is seen as medically necessary. There is no indication the injured employee had a trial of metatarsal pad inserts to alleviate forefoot pressure of the 3rd and 4th metatarsophalangeal joints. Also given the lack of response to injection of the interspace, there is a questionable diagnosis of Morton's neuroma and medical necessity is not established for the proposed excision.

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

ACOEM-AMERICA 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)