

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient surgery: right foot subtalar arthrodesis/tenosynovectomy/exostectomy and endoscopic faciotomy outpatient

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

M.D. Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer review reports 02/17/11, 03/08/11
FCE report, August 2010
Physical therapy notes, 12/13/10 to 01/07/11
Dr. office notes 01/11/11, 01/28/11, 02/17/11, 03/27/11
MRI report right ankle 01/21/11
MRI report right foot 01/21/11
Official Disability Guidelines, Ankle & Foot
DDE, 2/28/2011
Dr. 3/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported work injury on XX/XX/XX. The injury is described in the FCE report. He was climbing an extension ladder when he slipped and fell. His foot went through the opening between 2 rungs and contacted the ground. The back of his ankle was struck from behind by one of the rungs. X-ray and CT scan findings were noted to show comminuted fractures of the talus and cuboid with low-grade partial thickness tearing of the anterior talofibular and deltoid ligaments and mild sprain of the calcaneofibular ligament. He was treated with splinting. Physical therapy notes are provided from 12/13/10 to 01/07/11 with a diagnosis of cuboid fracture and ankle sprain.

On 01/11/11 Dr. evaluated the claimant for right foot and ankle pain. On exam the claimant had pain on palpation of the posterior heel/inferior heel/Achilles tendon insertional site. He had pain with range of motion of the subtalar joint. He had stiffness and crepitus with right subtalar and ankle motion and 6/10 pain on palpation. There were palpable bone spurs to the lateral posterior subtalar joint and ankle area and mild numbness of the plantar forefoot.

X-ray of the right ankle was noted to show degenerative changes to the subtalar joint with osteophyte to the posterior lateral talus; questionable sclerosis of the subtalar body. There was a fracture fragment with ossified bone to the lateral subtalar joint. X-ray of the foot showed the above findings with degenerative joint disease changes to the midfoot and possible talus, question avascular necrosis. The diagnosis was degenerative joint disease of the foot, bone spur, Achilles tendinitis, tenosynovitis, and plantar fasciitis. The physician recommended reducing his physical activities and wearing supportive orthotics to stabilize the rear foot and ankle; continued NSAIDS and MRI of the right foot and ankle.

MRI of the right ankle and foot on 01/21/11 showed moderate osteoarthritis of the posterior facet of the subtalar joint, small effusion in the anterior facet of the subtalar joint, and moderate proximal plantar fasciitis. There was abnormal signal in the central and lateral portions of the cuboid bone, which could represent a site of healed fracture, benign bone lesion, or ongoing stress injury.

The claimant followed up with Dr. on 01/28/11. It was noted that the claimant had failed conservative treatment of NSAIDS, physical therapy, inserts and support braces. The physician recommended right subtalar arthrodesis, tenosynovectomy of peroneal tendons and exostectomy of bone spur and endoscopic plantar fasciotomy. On 02/17/11 Dr. gave an injection of Marcaine and lidocaine to the right sinus tarsi and noted that the claimant received significant relief.

The requested surgery was denied on peer reviews of 02/17/11 and 03/08/11. At the visit of 03/27/11 Dr. noted 9/10 pain of the right foot, ankle, and heel. He ordered a Colorado brace and gave another injection to the sinus tarsi with Marcaine, dexamethasone, Kenalog and lidocaine. The claimant was to start physical therapy.

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

The requested right foot surgery (Outpatient surgery: right foot subtalar arthrodesis/tenosynovectomy/exostectomy and endoscopic faciotomy) is not medically necessary at this time based on review of this medical record.

This is a gentleman who has had ongoing pain since an injury XX/XX/XX. He has undergone two previous peer reviews, which indicated surgery was not necessary. A recent review by Dr. indicates there was no good conservative care. However, there is then a more recent 03/27/11 office visit of Dr. documenting more aggressive conservative care to include a Colorado dynamic controlled AFO brace and a sinus tarsi injection and physical therapy, although there are no results of the most recent conservative care to review to determine whether or not they have helped.

Official Disability Guidelines indicate that subtalar fusions are not supported, although general orthopedic knowledge is that in patients who have proven subtalar arthritis with limitation in motion and failed appropriate conservative care and have undergone injection with good short-term relief can at times have some improvement with that surgery.

Therefore, in light of the fact that the claimant just started an aggressive conservative care program, and there is no documentation as to whether it has helped or not, then the requested surgery at this time is not medically necessary. The reviewer finds that at this time Outpatient surgery: right foot subtalar arthrodesis/tenosynovectomy/exostectomy and endoscopic faciotomy outpatient is not medically necessary.

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)