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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 25, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient excision for the tibial sesamoid bone.

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On XX/XX/XXXX there is an Employee's Report of Injury. The date of the injury on the report states XX/XX/XX. The report signed by the claimant states the cause of the injury was "stepping on up on the stairs and the strain on my foot".

On February 2, 2010 there is an office visit note from clinic which the name is not eligible. HPI states the claimant has had steroid from fam. Doc. Improved with walking boot worsened by walking w/o boot and states that pain will shoot up front of shin at times. Pain in toe and 1st met when walking, x-rays right foot. The exam states antalgic gait right. The diagnoses given are right 1st MTE sprain/"turf toe" vs. sesamoid fx tibial. The recommendation was MRI.

On February 8, 2010 there is an MRI report from MD at clinic. The procedure completed was MRI of Right Midfoot. The findings state that there is a small effusion at the first MTP joint. There is marrow edema within the tibial sesamoid, edema in the adjacent soft tissues. No sesamoid fracture. Intact sesamoid-phalangeal and intersesmoid ligaments. Normal fibular sesamoid. There is diffuse edema within the midshaft of the third metatarsal, with edema in the immediate surrounding soft tissues, suggestive of a small stress fracture. The impression states diffuse edema within the midshaft of the third metatarsal, with edema in the immediate surrounding soft tissues, suggestive of a small stress fracture. Sesamoiditis involving the tibial sesamoid, with marrow edema and edema in the adjacent soft tissues. No evident fracture. Intact sesamoid-phalangeal and intersesmoid ligaments. Small first MTP joint effusion.

On February 15, 2010 the claimant attended a follow up appointment at Clinic. The doctor's signature is illegible. The report states no changes since last visit. The exam states Antalgic gait, right. Right foot no change. Diagnosis states right foot tibial Sesamoiditis. The plan states medically necessary orthoses: orthotic/sesamoid.

On March 31, 2010 the claimant saw MD. The ROS states positive right great toe pain; otherwise negative 12 system review; gait normal, no limp, ROM bilateral hallux extension 60, flexion 40; X-rays: 1. Three views of the right foot shows a lucency in the right medial sesamoid, nondisplaced; Normal sesamoid alignment. 2. MRI of the right foot shows increased signal in the right medial sesamoid. Assessment: Right medial Sesamoiditis versus nonunion. Plan was to recommend bone scan, continue with orthotic, RTC in one week to discuss the bone scan results and possible bone stimulator.

On March 31, 2010 the claimant was seen at Clinic. HPI states pain improved with carbon foot plate, worsened by walking pressure of any kind, standing, bending toes. The exam portion is undocumented. Diagnosis is right medial Sesamoiditis.

On April 7, 2010 there is a report of a bone scan done by clinic and read by MD. The impression states: small area of focal increased uptake in the right first digit at the head of the metatarsal or base of the proximal phalanx or related to the

joint of the first metatarsophalangeal joint. Etiologies would include traumatic, inflammatory or infectious process.

On April 12, 2010 the claimant attended a follow up appointment with MD the impression was Right Hallux medial Sesamoiditis and the plan states that Dr. recommended continuing with the carbon fiber orthotic and also adding an Exogen bone growth stimulator. He states in the report that the claimant may still need surgery.

On July 15, 2010 there is a office visit stating claimant is here for a second opinion. The note stating 1 of 2 (pages the 2nd page is not in the documentation and the 1st page does not indicate who the claimant was seeing". The physical exam reveals a neutral hindfoot/midfoot structure, mild tenderness and swelling to the tibial sesamoid, very well localized along the medial edge. ROM of the joint is slightly restricted due to discomfort. X-Ray findings, which state are made today and show what appears to be a fracture nonhealing rather than bipartite appearance due to the fact it is oblique and not transverse or separated. The recommendation states because of the claimant's lack of response to conservative measures, her next step would be to consider a bone stimulator. "I do think this is a reasonable to attempt to avoid surgery, although not successful in all cases."

On December 30, 2010 there is a progress note by M.D. which states under the physical examination that the claimant is restricted by the pain in the ball of the foot secondary to swelling and bony tenderness. The report states X-Rays are made today and reveal a further separation of the sesamoid which is somewhat concerning. The plan states "I do not believe that the bone stimulator will not affect this with the separation that I see today in change. I would have liked to have tried it when it was just linear with minimal separation to have a good chance at working. Now, I don not think the success rate is high enough to warrant further attempts at approval and we are looking at surgical intervention as her best alternative. Tibial sesamoid excision is now recommended.

On March 3, 2011 there is a progress note by MD. The note states that the claimant is in for a diagnostic local injection into the tibial sesamoid area, requested by insurance. She remains with symptoms localized to the tibial sesamoid and again I am fairly convinced that there is sesamoid pain coming from an incompletely healed fracture of the tibial sesamoid. Procedure note states 3ml injection of Lidocaine is placed along the tibial sesamoid and the plan states the claimant was to give this a couple of days in regards to pain improvement, and this will be "documented clinically by my nurse". "We will then pursue what I feel is a reasonable surgical option at this point time, by way of tibial sesamoid removal of the right first MTP.

On March 5, 2011 there is a progress note that documents a telephone conversation with claimant by RN. The note states that the claimant confirms that she still have some pain at the actual injection site, but the pain in the

sesamoid region of her foot is gone. She feels that this confirms she is ready to proceed with surgery for a sesamoid bone excision.

On March 25, 2011 there is a Notice of Utilization Review Findings from provider to claimant. Summary of findings states the diagnoses are Nonunion of Fracture and FX Metatarsal-closed. The description of the alleged injury to the claimant states the claimant states she was walking up steps in football stadium, she stepped and felt a sharp pain in her foot. The recommendation by provider was Non-authorization of outpatient surgical excision of the tibial sesamoid bone about her right foot/ankle. The reason for the difference states that the claimant was injured on XX/XX/XXXX in. There was a nonunion of a fracture, and fractured metatarsal. It is noted that on 2-8-11, 1-31-11, 1-21-11, 11-19-10 and 11-17-10 that denied the same surgery request. There is current information from 3-3-11 that Dr. administered an injection of Lidocaine to the sesamoid area, and indicated the claimant would follow up in two days. There was only documentation of nurse phone call on the same day of the injection, noting there was still some pain at the actual injection site, but the pain in the sesamoid region of her foot was gone. No actual exam by the nurse of the doctor is documented. The ODG are silent on sesamoid removal for pain control purpose. The ACOEM guides are also clinically silent. Although there was new clinical information there was no documentation of physical examination to support a continued need for such a surgery. At present, the records and the evidence-based citations do not support certification of the request.

On April 1, 2011 there is a Notice of Utilization Review Findings from provider to claimant. The summary of findings states the diagnoses are Nonunion of Fracture and FX Metatarsal-Closed. The description of the alleged injury states the claimant states she was walking up steps in football stadium, she stepped and felt a sharp pain in her foot. Provider Recommendation was the Reconsideration of provider's Non-Authorization of outpatient surgical excision of the tibial sesamoid bone about her right foot/ankle. Original decision UPHELD. Recommend Non-Authorization. Under the reason for difference states "It is the opinion of the reviewing physician that, "It was noted by the initial reviewing physician that this request had been denied on multiple occasions. It was noted that there was a non-union of a fracture and a fractured metatarsal. There is current information from 3/3/2011 that Dr. administered an injection of Lidocaine in the sesamoid area and indicated that the claimant would follow up in two (2) days. There was only documentation of a nurse phone call on the same day of the injection noting there was still some pain at the actual injection site. It was noted that the pain in the sesamoid region of her foot was gone. No actual exam by the nurse or the doctor is documented. There was a request for outpatient excision for the tibial sesamoid bone. It was noted that ODG and OCOEM were silent on this issue. It was noted that although there was new clinical information, there was no documentation of physical examination to support a continued need for such a surgery. It was further noted that at present that the records and evidenced-based citations do not support authorization of the request. The appeals correspondence contains no information. The lack of clinical information, in my opinion, supports the continued denial of this requested

surgery. As was stated, no additional clinical information was submitted indicting the presence of an actual physical exam documenting the effects of the prior injection. Therefore, based on the submitted documentation, in my opinion, the requested surgery should remain non-authorized.”

PATIENT CLINICAL HISTORY [SUMMARY]:

Hx of breast surgery

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

The previous decisions are overturned. The claimant has not responded to conservative treatment and has been treated well over the 1-3 months of conservative care recommended by the ODG. Furthermore, the X-Rays from 12/30/10 revealed “further separation of the sesamoid” and the claimant continues to have pain. Based on the ODG Guidelines the previous decisions are overturned.

Turf toe treatment (hyper dorsiflexion first meta tarso phalangeal joint)	Recommend conservative treatment and surgery after failure of 1-3 months of conservative treatment. Nonoperative treatment may often suffice for incomplete injuries; however, surgery may be warranted for a complete plantar plate disruption or injury to one or both sesamoids. Conservative management in the acute stages, regardless of grade, consists of rest, ice, compression, and elevation (RICE). Taping is not recommended in the acute stages because of swelling and the risk of vascular compromise. Nonsteroidal anti-inflammatory drugs (NSAIDs) may help minimize pain and inflammation. In some cases, a short leg cast with a toe spica in slight plantarflexion or a walker boot may be used for the first week to help decrease pain. Gradual range of motion begins in 3-5 days following injury. After the acute stages, conservative management is based on the grade of injury , as follows: Grade I injuries are treated by taping the great toe to the lesser toes to prevent movement of the hallux metatarsophalangeal (MTP) joint. The overall goal is to restrict forefoot motion. Grade 2 injuries are treated in the same way as grade 1 injuries are, but use of a fracture walker and/or crutches is preferred. Grade 3 injuries usually require long-term immobilization in a boot or cast rather than surgical intervention. When conservative treatment fails, as evidenced by persistent pain and difficulty with pushing off and with cutting or pivoting motions, surgical therapy may be indicated. The use of artificial turf in the U.S. has created a dramatic increase in first metatarsophalangeal joint dorsiflexion injuries. (Coughlin, 2010)
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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)