

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 04/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

First metatarsal osteotomy with repair, first metatarsal osteochondral injury, repair of plantar plate, and corticosteroid deep infusion, right foot.

76000 Fluoroscopy 1 hour, 28200 RPR TDN FLXR Foot ½ w/o FR GRF EA, 20500 injection of sinus tract, removal of foot lesion, Incision of metatarsal

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1982 and is licensed in Texas, Oklahoma, Tennessee and California.

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.

The prior peer reviewers' recommendations are recommended to be upheld.

The rationale for recommending noncertification of the requested surgical intervention is the physical examination findings due to support the requested procedure, which was also noted by Dr. The lower levels of care also were noted not to have been exhausted, which was also noted by Dr. in his rationale, and I do agree the medical records are unclear as to the extent of conservative treatment. The osteotomy being requested did not have a clear clinical necessity, as there was not hallux valgus deformity noted. When the case was discussed with Dr. by Dr. it was noted the doctor had only seen the patient on two occasions with treatment by other physicians previously being noted, and Dr. after that discussion, noted there was lack of a hallux valgus deformity, and with minimal arthritic findings, surgery did not appear to be indicated, which I am in complete agreement with that medical rationale for recommending non-certification of the requested surgical intervention, which I feel is in line with ODG, which recommends osteotomy for hallux valgus, which is not diagnosed, and treatment of the plantar plate is not indicated, as the patient does not have documentation of injury to the plantar plate. The specific conservative treatment for treating an injury such as a hyperdorsiflexion of the first MTP joint was not documented.

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Also, as noted by Dr. the injection per *ODG* is under study with no evidence of effectiveness of injected corticosteroid therapy for reducing plantar heel pain, and the medical records provided did not adequately contain physical examination findings supporting plantar heel pain or subjective complaints supporting the diagnosis of plantar fasciitis.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 15 page fax 3/29/11 Texas Department of Insurance IRO request, 29 page fax 3/30/11 URA response to disputed services including administrative and medical records, 16 page fax 3/30/11 URA response to disputed services including administrative and medical records.

- Review request information.
- A surgery scheduling form dated 03/07/11.
- Adverse determination letters dated 03/11/11 and 03/21/11.
- Encounter notes from Medical Clinic, 01/19/11.
- Physical therapy report 01/20/11.
- 03/01/11 visit note by D.P.M.
- MRI report, right foot, 03/03/11.
- 03/07/11 visit note by Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

This female was injured xx/xx/xx when she tripped over a cord, injuring her right great toe. The patient subsequently was treated conservatively with shoe support, physical therapy, and anti-inflammatory medication. When symptoms persisted, an MRI was requested and performed 03/03/11 noting slight effusion, first MP joint with some arthritic change and a tibial sesamoiditis with a small focal osteochondral injury of the plantar medial aspect of the first metatarsal head. Thickening of the plantar fascia more proximally was also noted.

The 03/01/11 report by Dr. indicated the patient's complaints of right great toe pain starting after the tripping over the cord. The patient felt relief with rest and was taking ibuprofen 600 mg and Aleve. Dr. reported that the patient had adequate relief with physical therapy. The patient, even though utilizing postop shoe and wheelchair, could not stand for very long or take stairs. The physical examination by Dr. noted bony prominence, medial surface first MPJ with severe intensity of tenderness over the dorsal surface of the first MP joint. Range of motion had decreased dorsiflexion and plantar flexion with pain. Radiographic evaluation on that date noted increased IM 1-2 angle with sclerosis proximal phalanx side of the first MTPJ consistent with an osteochondral injury. Dorsal callus from healing of proximal phalangeal base fracture was noted.

The subsequent MRI was performed, and then on 03/07/11 Dr. in follow-up recommended surgical intervention with the first metatarsal osteotomy for decompression with repair of the osteochondral injury and repair of the plantar plate with a deep fascial corticosteroid injection under fluoroscopy.

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

The prior peer reviewers' recommendations are recommended to be upheld.

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ODG criteria utilized for turf toe treatment for osteotomy and for injections

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 KNOWLEDGBASE
- 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)