

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: December 5, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Peroneal Tendon Debridement 27680

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

This physician is 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:

PATIENT CLINICAL HISTORY:

Claimant is a male with a primary complaint of heel pain. This condition occurred following a fall at work. Claimant fell 25ft off a ladder on xx/xx/xx while at work. Claimant sustained multiple injuries to the head, arm and ankle.

06-20-2011: Office consultation with at the. It was noted the claimant describes symptoms as moderate in severity located in the left foot. Onset was gradual, and now episodes occur daily. Physical exam consistent with peroneus longus tendonitis, but MRI does not concur. MRI ankle: abnormal; films reviewed and no sign of tear peroneus longus, thick plantar fascia, some edema in lateral talus and calcaneus. Plan: Diagnostic injection of the peroneal longus under fluoroscopy.

07-01-2011 thru 07-28-2011: Nine Physical Therapy Treatments for foot/ankle pain.

08-19-2011: Office consultation with at the. Claimant describes symptoms as moderate in severity and unchanged. Symptoms are exacerbated by walking and standing. Symptoms are relieved by rest. Past treatment has included rest, non-opioid analgesics and physical therapy. Claimant states that therapy works just for a couple of hours. Pain is always there and never goes away. Pain is over the lateral side of the foot. Plan: Physical therapy ineffective, recommendation at this point is surgical debridement or tenotomy peroneus longus or ultrasound guided injection; starting with injection.

09-28-2011: Letter of reconsideration of the preauthorization denial by Gary McKnight.

10-21-2011: Office consultation with at. Claimant stated he was doing well for the first three days after the injection but is now hurting again the same as he was before. Since claimant had relief for three days following injection of peroneal tendon sheath his problem appears to be associated with the peroneal tendons. This is despite the negative MRI. assumes the lesion is not visible on the images. Claimant may benefit from formal debridement of inflamed tendons. Plan left peroneal tendon debridement.

10-28-2011: UR by. Reason for Denial: per the ODG; recommends conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Reviewer comments that there is no documentation provided with regard to the failure of the claimant to respond to conservative measures such as evidence based exercise program, immobilization, avoidance of exacerbating activities, splinting and medications prior to the proposed surgical procedure. Based on these grounds, the medical necessity of the request has not been established, and is non-certified.

10-31-2011: Letter of reconsideration by at the It is noted that given that claimant has continued symptoms more than one year out from injury and little lasting benefit from injections and physical therapy, is recommending a peroneal debridement. Physical Therapy indicates continued weakness in ankle tendons and consistent with peroneal tendonitis since his first presentation.

11-08-2011: UR by. Reason for Denial: The claimant underwent nine PT sessions with good response. Recent MRI of the left ankle was not submitted for review, with the last MRI done on 01-13-2011, in order to determine if there is a persistent peroneal tendon tear or evidence of tendon healing. MRI does not show any tendon tear and the claimant has not had immobilization. The claimant has not exhausted all lower levels of care. Based on these grounds, the medical necessity of the request has not been established.

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

The prior decision is upheld, the requested treatment has not been medically established with the records provided. I would have to agree with Claimant has not exhausted all lower levels of care. Records do not show claimant to have had immobilization or a recent MRI that could show a persistent peroneal tendon tear or evidence of tendon healing. Therefore request of treatment is not a medical necessity.

PER ODG:

Recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. In patients with a large peroneal tendon tear or a bony prominence that is serving as a physical irritant to the tendon, surgery may be beneficial. Peroneal tendonitis is an irritation to the tendons that run past the back outside part of the ankle, and it is a common cause of lateral ankle pain. Commonly it is an overuse condition that responds to conservative treatment, but if it is left untreated it can progress to a complete tendon rupture. Predisposing factors for peroneal tendonitis and rupture include varus alignment of the hindfoot and peroneal subluxation and dislocation. Participation in certain sports, including downhill skiing, skating, ballet, running and soccer creates higher risk for peroneal tendon tears. If caught early, peroneal tendonitis or instability may be treated conservatively with NSAIDs, immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. ([Cerrato, 2009](#))

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)**