

SENT VIA EMAIL OR FAX ON
Jul/28/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Foot Removal Sesamoid Hallux

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a work related injury to his left foot. The wheelchair allegedly ran over his mid left foot in mid metatarsal area. The claimant subsequently came under the care of Dr.. Radiographs show no major fractures, possible occult injury to Lisfranc joint. He was diagnosed with sprain / strain of foot and referred for MRI which was performed. This study reports no evidence of fracture. There is sclerotic and irregular appearance of medial sesamoid suggesting sesamoid necrosis that may be fragmented. There is mild 1st metatarsophalangeal osteoarthritis and tendinosis of the extensor hallucis longus tendon. The record contains a letter from Dr.. Records indicate the claimant was referred for physical therapy. On 05/19/11 the claimant was seen in follow-up by Dr.. He reported that therapy was not approved. He noted MRI shows some injury to the extensor hallucis longus tendon sesamoid consistent with physical therapy. He is noted to have poor tenderness to touch of plantar and dorsal surface of hallux. He subsequently received an injection. The claimant was seen in follow-up on 06/02/11 and continues to have complaints of left foot pain, swelling and tenderness at hallux, metatarsophalangeal joint qualified as moderate to severe. He is reported to have inability to wear shoes and inability to bear weight. He noted the previous injection did not relieve his symptoms. He

subsequently recommended the claimant undergo surgical intervention. On 06/10/11 the request was reviewed by Dr. who non-certified the request noting that the presence of sclerosis is not consistent with the fracture that occurred just over x months ago. He reports that the length of time with mobilization was vaguely documented. There's no comparison radiographs with the right foot.

A letter of appeal was submitted by Dr. on 06/28/11 who reports that the claimant was run over by a motorized wheelchair with a hard rubber wheel and sustained an injury to his first metatarsal phalangeal joint of the left foot. He's reported to be having difficulty at work maintaining activities. He and needs the ball of his foot to use the forward. He notes that MRI shows a sclerotic and irregular appearance of a medial sesamoid suggesting sesamoid necrosis that may be fragmented mild metatarsal phalangeal joint arthritis and tendinosis of the flexor hallucis longus tendon. He subsequently is recommended to undergo tenosynovectomy of the flexor hallucis longus tendon and possible removal of a broken portion or sclerotic portion of the medial sesamoid. The subsequent request was reviewed by Dr. on 07/08/11 who notes the requested procedure is not medically necessary reasonable treatment or clinically indicated for the compensable diagnosis of a left foot strain and contusion. He notes that the claimant has no acute fractures on x-rays immediately following the injury and MRI documented evidence of degenerative changes of the first toe. It's reported that there was evidence of degenerative changes of the first toe. He opines that removal of the left sesamoid hallux is not warranted at this time. He notes appropriate conservative treatment has not been exhausted.

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

The request for left foot removal sesamoid hallux is not supported by the submitted clinical information. The available clinical records indicate that the claimant sustained an injury when a wheelchair ran over his left foot. These myofascial injuries were superimposed over degenerative osteoarthritis. The records as provided do not establish that the claimant has exhausted all conservative treatment nor does it establish that the hallux sesamoid is symptomatic and the root cause of the claimant's pain. It is unlikely that a simple sesamoidectomy will result in significant relief. Based upon the totality of the clinical information the request is not certified as medically necessary and the previous utilization review determinations are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES