

SENT VIA EMAIL OR FAX ON  
Jun/03/2011

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/03/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Arthrodesis Left Big Toe

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

M.D., 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**

OD Guidelines

1. Carrier response 05/18/11
2. Utilization review determination 03/11/11 regarding non-certification outpatient arthrodesis left big toe
3. Utilization review determination 04/18/11 regarding non-certification appeal request outpatient arthrodesis left big toe
4. MRI left foot 01/13/11
5. MRI left foot 06/25/10
6. Physical therapy initial evaluation / plan of care and progress notes 07/28/10-09/27/10
7. Independent Medical Evaluation 04/19/11
8. Office visit notes Dr. 01/05/11 and 02/17/11
9. Office visit notes Dr. 12/20/10
10. Office notes Dr. 04/28/10-11/05/10
11. Office notes Dr. 07/20/10-10/19/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a XX year old male whose date of injury is XX/XX/XX. Records indicate he was working when a pipe fell on his left forefoot. He was noted to have fracture of left second metatarsal. The injured employee is noted to complain of great toe pain. X-rays noted degenerative joint disease and a bunion. MRI on 06/25/10 reported healing displaced

fracture with overriding fracture fragments of second metatarsal. A mild hallux deformity arises and associates with narrowing of first metatarsophalangeal joint, irregularity of articulating surfaces and mild marginal osteophytic spurring. Repeat MRI on 01/13/11 revealed old healed second metatarsal fracture with residual deformity. There were moderate degenerative changes most prominent in first MTP joint and between cuboid and 5th metatarsal proximal base. Mild flexor hallucis longus tendinitis was noted. There is no acute fracture or stress reaction.

A utilization review decision on 03/11/11 determined request for outpatient arthrodesis of left big toe to be non-certified. The reviewer noted that MRI report was not present. There was no documentation of immobilization or splinting. Issues of relatedness were noted as the requesting provider was unsure of the initial injury. Per medical records, the injured employee complains of pain in the first metacarpophalangeal joint (MPJ). Pertinent physical findings noted severe pain on first MPJ on left foot. X-rays showed fracture of 2nd metatarsal, but official result was not included for review. Clinical records indicated the injured employee had been treated conservatively with oral medications and steroid injections. There was no evidence provided that the injured employee had stretching or strengthening exercises or had maximized effect of oral medications. No physical therapy progress notes were attached indicating non-improvement. There was no objective documentation of the injured employee's clinical and functional response from steroid injection including sustained pain relief, increased performance in activities of daily living and reduction in medication use.

An appeal request for outpatient arthrodesis left big toe was reviewed and determined as non-certified on 04/18/11. The reviewer noted the documentation submitted for review elaborated the injured employee complaining of left MPJ pain. No documentation was submitted for review regarding objective clinical findings to include malalignment as well as decreased range of motion in affected toe. Additionally, the submitted imaging studies do not reveal a bony malalignment. Given the lack of documentation regarding the injured employee's objective clinical findings to include malalignment and range of motion as well as imaging studies to confirm malalignment, the request is determined not medically necessary.

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

Based on the clinical information provided, medical necessity is not established for the proposed outpatient arthrodesis left big toe. The injured employee is noted to have sustained a crushing injury to left foot resulting in a fracture of second metatarsal. The injured employee has subjective complaints of first metatarsophalangeal pain. Imaging studies revealed moderate degenerative changes in first MTP joint and between cuboid and 5th metatarsal proximal base. Independent Medical Evaluation on 04/19/11 reported palpable tenderness between the metatarsal heads #1 and 2 which reproduce the injured employee's pain. Palpation of the intermetatarsal ligament 2-3 only causes minimal discomfort. The sesamoid of great toe are not palpably tender. Passive range of motion of MP and IP joints of great toe as well as PIP and DIP joints of other toes is without pain. Sensation to toes is normal. There is good capillary refill and no edema. The injured employee was determined to have reached maximum medical improvement with 5% impairment rating. As noted on previous reviews, there is no documentation of conservative treatment to the great toe including splinting/immobilization or objective findings of malalignment as recommended by the guidelines. As such, the previous determinations correctly found the request to be non-certified and should be upheld on IRO.

#### **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**