

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed excise foot tendon sheath; release of lower leg tendon (28086, 27680)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.06, 726.79	28086		Prosp	1					Upheld
727.06, 726.79	27680		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 35 pages of records received to include but not limited to: PHMO Notice of IRO; UR Referral letter 1.20.11; Patient Data form 10.1.10; M.D. records 10.1.10-1.18.11; MRI Left Knee 10.8.10; letter 1.25.11, 2.1.11; MRI Rt knee 12.13.10

Requestor records- a total of 8 pages of records received to include but not limited to: M.D. records 10.1.10-1.18.11; MRI Right Knee 12.13.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the initial consultation dated October 1, 2010. No specific treatment is outlined, other than to obtain an ankle MRI.

At follow up on November 19, 2010, there were ongoing complaints of pain. A normal gait pattern, and again no discussion of the treatment interventions.

A January 18, 2011 follow-up progress note indicated ongoing complaints of pain. It was noted that there were bilateral knee and right ankle complaints. There were ongoing complaints of pain and swelling along the lateral aspect of the right ankle. The physical examination noted pain and tenderness in this region. MRI changes consistent with a right to peroneal tendinopathy are noted. The MRI specifically notes no peroneal tendon tear. There is a tendinitis of the peroneal tendon sheath.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

This particular issue was not addressed in the ODG. A literature search revealed that there are very limited indications for such a surgical intervention¹ However, for persistent symptoms a tenosynovectomy is indicated. In this instance there is no objectification that appropriate conservative measures had been undertaken (immobilization, taping, casting), or non-steroidal, anti-inflammatory medications, oral steroids or injections. Therefore, based on the lack of documentation of addressing this issue more conservatively, there is no competent, objective and independently confirmable medical evidence presented to support this request.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Squires N, Myerson MS, Gamba C. Surgical treatment of peroneal tendon tears. *Foot Ankle Clin.* Dec 2007;12(4):675-95, vii.)

¹ Squires N, Myerson MS, Gamba C. Surgical treatment of peroneal tendon tears. *Foot Ankle Clin.* Dec 2007;12(4):675-95, vii.