



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**DATE OF REVIEW: 3-18-11**

**IRO CASE #:**

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

Left Foot Subtalar Joint fusion 28715

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

American Board of Podiatric 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)

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 [SUMMARY]:**

1-19-10 DPM., the claimant is here for a follow up visit on a left foot injection that she received for very painful post traumatic arthritis in the subtalar joint. She states that she did receive about 5 to 6 days of pain relief, and then thereafter she noticed the pain was slowly recurring. She says she was very happy when the pain was gone, but the injection did wear off. On physical examination, the patient is alert and oriented X 4. She is in no acute distress. The patient is neurovascularly intact to bilateral lower extremities. The patient has swelling and pain along the lateral aspect of the left foot and ankle. She has virtually very minimal subtalar joint passive range of motion, and there is pain and crepitation with this maneuver. She also has a clinical hindfoot and calcaneal varus upon weight bearing and non weight bearing. The nature of the deformity was explained at length to the patient and her husband. At this point, she was awaiting the worker's comp approval for her surgery. She was still recommending a subtalar joint fusion to help alleviate the pain and symptoms of the patient's left foot. For now, she was going to give her a prescription for some Neurogel to help her with her painful symptoms and disability. The patient will follow up with Dr. secondary to her maternity leave and patient was made aware of this.

2-17-10 DPM., the claimant is a patient of Dr. who comes in here today for evaluation. The patient has significant osteoarthritis of the above foot and ankle. She has been utilizing some Voltaren cream. She is here today for evaluation. She continues to report symptomatology in the ankle. The patient is under workman's compensation. We have been pending approval for custom arthrosis which she finally got. We went ahead and got approval for the custom orthoses today. She is here today for casting.

3-22-10 DPM., the claimant is a worker's patient who finally got approval. She is here today She continues to report left foot and ankle pain and symptomatology about the left

foot. The patient has better but continues with significant tenderness. On physical examination, generally, the patient is alert and oriented X 3. She is in no apparent distress. There is lateral edema along the lateral ankle. There is tenderness on the subtalar joint which has significantly restricted subtalar joint range of motion. There is pain upon palpation. There is tenderness with range of motion of the ankle. The evaluator had a lengthy discussion with the patient regarding the patient's pathophysiology. The patient has significant subtalar joint arthritis of the hind foot. Today, he patient was distributed her orthotics. These will be bill through the insurance. The patient is here today and I think she is going to try the orthotics for a month. She will follow-up with Dr. in a

month. Dr. will make additional recommendations. The patient might require surgery including subtalar joint fusion and/or triple arthrodesis. We will see how the patient does in the next couple of weeks. The patient will subsequently follow-up with Dr. as instructed above.

5-4-10 DPM., the claimant has tried her custom orthotics now for about a month. She said that initially she feels like the orthotics were helping her however she states that in the last few weeks or so the orthotics are not helping her as much as they used to. She did state that without the orthotics she has more pain. Today, she is complaining of the continued heel pain and now medial arch pain. She does take some pain medication when needed and this does help to alleviate the pain. On physical examination, the patient is alert and oriented X 4. She is in no acute distress. The patient is neurovascularly intact to the bilateral lower extremities. The patient has pain on palpation to the lateral aspect of her left heel, and foot, and ankle column. She has pain on palpation to her medial arch. This is in a non-weight bearing position. She has adequate muscular strength in all four quadrants bilaterally. However, in a non-weight bearing position she has a severe restriction and decrease of her passive subtalar joint range of motion. There is pain and crepitation with this maneuver as well. A weight bearing status she does have a calcaneal varus deformity of her hind-foot. The radiographs taken previously are remarkable for severe loss and joint space narrowing of the subtalar joint, mostly the posterior facet. This is on the lateral view. On the calcaneal axial view she has complete obliteration of the posterior subtalar joint facet. The nature of the deformity was explained at length to the patient. At this point, we have tried many of our conservative measures. He felt that at this point we have definitely exhausted many of our conservative treatment options that we can offer Miss. She has tried anti-inflammatories via pills, also direct cortisone shots. These have all alleviated her pain temporarily but the pain subsequently recurs and becomes quite disabling for the patient. She has also tried pre-fabricated and custom orthotics which again have only alleviated her pain but the pain recurs after some time being on her feet. The patient is currently on a 4-hour work shift and says that by the end of her four hours she has a lot of disabling pain to her left foot. This does prevent her from performing what she needs and wants to do as far as her job responsibilities and duties. The patient functional status as far as her gait analysis is also quite compromised. She does have heel to toe strike however. She has varus deformity of her hind-foot and a compensated abduction of her forefoot. She did feel at this point that the patient would benefit best from surgical intervention to correct her hind foot and help promote healing. She felt that the surgery at this point is her only option in order to feel better and to return the patient back to full functional work status. She will try and get this approved through Workman's Comp. at this time.

7-20-10 DPM., the claimant is here for a follow up visit on left foot pain secondary to post traumatic arthritis in the subtalar joint. The patient has had a lot of chronic pain in the area. She says that the orthotics are no longer working for her. She discussed this on her last visit and explained to her the recommendations at that point. She wants a second pair made. On physical examination, the patient is alert and oriented X 4. She is in no acute distress. The patient is neurovascularly intact to the bilateral lower extremities. The patient

still has pain on palpation along the lateral aspect of her left foot and ankle and the subtalar joint and just distal to the fibula. She has pain on deep palpation and with passive range of motion. Her subtalar joint range of motion is restricted with crepitation and pain. She has a severe amount of swelling around the lateral and posterior aspect of her left foot and ankle area. Upon weight bearing she does have a significant calcaneal varus deformity of her hind-foot and rear-foot area. The evaluator felt that due to the patient's length of pain and chronic nature of her pathology she recommended the subtalar joint fusion. Conservative measures have all failed to alleviate her pain including oral medications, topical medications, pain medications, orthotics, physical therapy, and Cortisone shots. The patient right now has just been resting, icing, and putting some sample pain cream over her foot. She says that does seem to help her just a little bit. The evaluator recommended in the meantime the patient use this topical pain ointment since it does help her to some measurable degree. She will try to get approval for a second pair of orthotics and see what she can do for her in that respect.

8-11-10 DPM., the claimant was seen for custom orthotic casting. The nature of the deformity was explained at length to the patient. The patient was charted on both feet today in neutral position. These will be sent out and will arrive anywhere between four to six weeks pending the productivity of. Once the orthotics arrive, she will be notified for a pick up and a fitting.

8-25-10 DPM., the claimant says that her foot is actually getting much worse now. She has more pain, more swelling, and she says she feel like her foot is turning in. She has a lot of wear and tear on some shoes she has and had to buy some new shoes. She says the pain medication she takes constantly and needs more because of her pain. Her pain has increased and she also noticed a very painful nodular area on her ankle that she was concerned about. On physical examination, the patient is alert and oriented X 4. She is in no acute distress. The patient is neurovascularly intact to the bilateral lower extremities. The patient has a moderate to severe amount of swelling around her left ankle, the lateral aspect of her foot. She has pain on palpation around the subtalar joint area laterally, the distal fibula, the peroneal tendons. She has pain on palpation with stress eversion of the left foot and ankle. She has this nodular area that is palpable around the lateral ankle gutter of her left ankle. It is very firm and nodular. Upon weight bearing she has a significant hind-foot or calcaneal varus deformity of her left foot. Radiographs were taken today, three views weight bearing of her left ankle, do show some severe joint space narrowing of the subtalar joints. Basically, bone on bone at this point. She has arthritic changes or spurring and joint space narrowing of the medial and lateral ankle gutter. That nodular area she believed is just the lateral wall of the talus abutting medial aspect of the fibula. The nature of the deformity was explained at length to the patient. At this point, she has consented to a Cortisone injection to her left foot. She prepared the area with Alcohol and Betadine. She received a Cortisone shot to the area. She asked her to ice the area tonight. Her orthotics should be coming in next week and once they arrive she will be notified for a pick up and a fitting.

9-22-10 DPM., the claimant came in to pick up her custom orthotics. She has no new issues or complaints. She did mention that the injection, this last one, did

not help her at all. She is hopeful that these new orthotics will help her out to some measurable degree. On physical examination, the patient is alert and oriented X 4. She is in no acute distress. The patient is neurovascularly intact to the bilateral lower extremities. The patient continues to have pain on that left foot and ankle area. She has a significant calcaneal varus deformity of her left hind-foot area and she has pain on palpation along the peroneal tendons. The nature of the deformity was explained at length to the claimant. Once again, she fitted her custom orthotics to her feet and her shoes actually conformed well, we did not have to cut the top cover down at all. Once again, she explained the progressive break-in period for the orthotics, and if there are any new issues or problems she can obviously come back and let her know. She will see her back p.r.n.

10-12-10 DPM., the claimant has chronic traumatic foot pain. The patient has tried her

2'4 pair of custom made orthotics. These were dispensed on 9-22-2010. She says she tried them out. She also even tried buying some new special shoes. She says neither the new orthotics nor the new shoes have helped her pain. Her pain level continued to increase on her left foot. She says she just wants to be able to work, and she is having difficulties with that because of her pain. She does feel like it is actually getting worse with time and this greatly concerns her. On exam, she has significant pain and swelling to the lateral aspect of her left foot and ankle just distal to the fibula around the subtalar joint area. She has pain with passive subtalar joint range of motion. It is painful and restricted. Upon weight bearing, she does have a calcaneal varus deformity of her hindfoot. Also, on the shoe wear, she has wear and tear on the medial aspect of her heel because of the calcaneal varus positioning of the heel bone. The nature of the deformity was explained at length to the claimant. She went over once again both the conservative and surgical treatment options regarding her left foot pain. At this point, we have definitely, in her opinion, exhausted all conservative measures, everything from oral pain medication to topical pain medication to prefabricated and custom orthotics. The patient has also even tried some shoe wear modifications and purchased new shoes to help alleviate her pain. She continues her current 4 hour work shift as well secondary to her chronic traumatic left foot pain. It is her medical opinion that the patient at this point has exhausted all conservative measures. They all have failed to alleviate her symptomatology to any significant degree. She recommended subtalar joint fusion to help realign the subtalar joint and heel bone to help alleviate and decrease her symptomatology and get her back into an 8 hour work shift. She will try to get this approved once again for her and see her back accordingly.

11-9-10 DPM., the claimant presents today with continued and worsening pain to her left heel. She says that now she is having a lot of difficulties and finds it very challenging to continue even her four-hour work shift. She says that the pain is now progressing up the ankle and up the leg. She says that it is very, very tender. There are no new injuries or trauma to the left foot. She is here for evaluation and treatment. On exam, the patient is neurovascularly intact to the bilateral feet. The patient has exquisite pain on palpation to the lateral well of her left foot just inferior to the tip of the distal fibula. She has pain along the fibula

and up into the peroneal muscle compartment. She also has some moderate swelling around the sinus tarsi, the lateral wall of the left heel, and the ankle area. Upon weight bearing, you can definitely appreciate the difference in size between the left and right lower extremities. The left lower extremity is quite swollen compared to the right. She has a bit of a calcaneal varus deformity of her left foot. The patient states that she can no longer work her four-hour shift. She says that she is just having a lot of difficulties working. I feel that the patient can still perform her work duties. However, she can modify her work restrictions to have her sit down only and permit limited alternating walking and standing. The patient had a medical impairment rating around 2000 and she may need a new one or an additional one because of the progressive worsening condition of her left lower extremity. She will see either Dr. or Dr. for this. In the meantime, she will give her a little bit of a pain cream or gel. She will see her back accordingly.

11-15-10 MD., the claimant is a female referred by Dr. for the possibility of a final report for injury she sustained to her left foot on xx/xx/xx. Apparently, she had sustained a calcaneal fracture and was initially treated by Dr.. After she underwent surgery and healing of this, she did develop some deformity to the foot and due to persistent pain and difficulty walking, Dr. has requested for surgery for the impingement that she has to her foot. This patient has previously been placed at maximal medical improvement and has already received an impairment rating. Examination today demonstrates healthy appearing female in no distress. She does walk with a limp. There is tenderness along the distal fibula to the left foot. There are palpable pulses. Tissues are soft and supple. There is tenderness along the distal fibula along the peroneal tendons. She does have some chronic swelling to the foot. Recommendation: At this time, since she has already received an impairment report, he was not able to give her another impairment, however, he certainly concur with Dr. hat further surgery for the impingement might be a reasonable option. He will be available if he can be of any further assistance.

12-21-10 DPM., the claimant has been having severe and chronic post traumatic pain to her left foot around the subtalar joint area. She was seen by Dr. for a second opinion. He has agreed with my assessment and my surgical recommendations. Ms. continues to have severe chronic pain to her left foot. She continues to wear her orthotics and take her pain medication as well as the topical pain cream as needed. All of these modalities have decreased her pain, but she is still very, very uncomfortable and is requesting surgical intervention. On exam, the patient is neurovascularly intact to bilateral feet. The patient does present with swelling over the lateral aspect of her left foot just distal to the fibula around the subtalar joint. She continues to have the rearfoot varus deformity. She is actually a little bit more swollen today and very tender. Diagnosis: chronic foot trauma, joint pain foot or ankle, joint derangement foot or ankle. Recommendation: The nature of the deformity was explained at length to the claimant. She was going to re-submit for the surgery that is a subtalar joint fusion in her left foot. The evaluator told the claimant that because of the holidays coming up and because it is Workman's Comp, it may take a little while, but he was hopeful to get her an answer sometime in early January and she understands this.

1-19-11 MD., performed a Utilization Review. He noted that medical record dated

12/21/10 showed persistent left foot pain. Current physical examination revealed swelling over the lateral aspect of the left foot just distal to the fibula around the subtalar joint. There is rear foot yams deformity. There was no documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence-based exercise program and medications prior to the proposed surgical procedure. Also there were no therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. The official results of the recent left and ankle x-ray and CT scan were not submitted in the review. With this, the necessity of the request could not be established at this time.

2-8-11 DPM., the claimant reports worsening left foot pain and swelling. The patient's initial date of injury is xx/xx/xx when she was, she was on a scaffold. She fell and broke her left calcaneal bone. She was seen and evaluated at Memorial Emergency Room where she was stabilized, she then underwent an open reduction and internal fixation of the left calcaneal fracture by Dr. on October 23, 2002. At that time, she was diagnosed with a left calcaneal fracture with subtalar joint depression. The patient was under the care of Dr. up until December of 2002. At that time, she had undergone extensive formal, physical therapy, under Dr. care for her left heel fracture. Her therapy began on 12/9/2002. The therapy lasted until December 10, 2003. She then had further therapy beginning in May of 2006 that ended around June of 2006. The patient was then evaluated by her on 11/9/2009. Her chief complaint was chronic left foot pain around the calcaneal bone. Since 11/9/2009, the patient has undergone extensive conservative measures to help alleviate her pain, swelling, and disability to her left foot. Conservative measures have included external pain patches, Flector external patch 1.3%. She is taking Zipsor, 25 mg. four times a day which is an anti-inflammatory. She is also taking the Naprosyn 500 mg, Mobic 15 mg, Darvocet, and Hydrocodone. Regarding the topical pain medications, she was also taking the Neurogel. These have all failed to alleviate her pain and symptomatology. She states the Zipsor has helped her but she is taking it now like candy and its effect is less and less. Regarding her conservative measures, these have also included two sets of custom orthotics. She states that without the orthotics she cannot walk, at all. Even with the orthotics, she has continued pain and swelling to her left foot that is worsening. Further conservative measures have included cortisone injections which have helped but have failed to completely alleviate her symptomatology, der first cortisone shot was given on 0/25/2010. Furthermore, she has also been placed on restricted duty, she can only tolerate a four hour work shift with alternating walking and standing. She states that she is able to perform her duties but states it is very difficult. She states that every day she has pain and swelling to her left foot. She goes home to rest, ice, and elevate her foot to alleviate her discomfort. The patient was then seen by Dr. on 11/15/10 for a second opinion. The patient was evaluated and treated by Dr.. Under Dr. recommendation, he concurred with her assessment for further surgery of her left foot. The claimant states that her pain is now travelling up the ankle and up to her left thigh. She states that the pain pills only temporarily relieved her pain. The inserts help her. She states she cannot function without them. She feels her condition is worsening. She feels now chat there is something that has shifted or moved in

her foot. This is a very large source of irritation. On exam, the patient is alert and oriented x 4. She is in no acute distress. The patient is neurovascularly intact to bilateral feet. On clinical exam, the patient has a moderate to severe amount of localized swelling to the lateral aspect of the left foot and ankle. She is very tender on palpation to

The lateral column of her left foot around the lateral calcaneal wall and peroneal tendons. The patient does have adequate ankle and subtalar joint range of motion but the subtalar joint range of motion is diminished and she has pain with this maneuver and some moderate crepitation noted. Upon weight bearing status, she does have a notable calcaneal varus deformity of her left rear foot. The nature of the deformity was explained at length to the claimant once again. Based on her subjective and objective findings, she continued to recommend a subtalar joint fusion to help alleviate her pain and deformity to her left heel and foot. She would like to get an MRI of her left foot and ankle secondary to the fact that her pain and swelling is progressing at this point. She will await the MRI findings. It is her medical recommendation that she undergo a subtalar joint effusion unless the MRI shows further pathology in which case may call for further surgical intervention. She will see her back for the MRI results or earlier if necessary.

2-16-11 DPM., performed a Utilization Review. This is an appeal of a prior denial in which the previous reviewer opined that there was no documentation regarding failure of conservative treatment and no physical therapy progress reports were provided for review. The review of the clinical documentation indicates the patient's prior physical therapy occurred several years prior. The patient now demonstrates severe pain in the left ankle with obvious swelling on physical exam. The patient has an obvious varus deformity on weight-bearing and this has not improved with conservative treatments to include injections and orthotics. Radiograph studies performed in clinic do reveal complete obliteration of the subtalar facet. The clinical documentation does indicate that the patient has had steroid injections to the left ankle; however, there is no clinical documentation that the patient has undergone a Xylocaine injection directly to the subtalar joint that temporarily resolved the patient's pain, without this diagnostic injection. The clinical documentation does not meet guideline recommendations for the request. As such, certification is not established.

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

THE PATIENT DOES HAVE ADEQUATE ANKLE AND SUBTALAR JOINT RANGE OF MOTION BUT THE SUBTALAR JOINT RANGE OF MOTION IS DIMINISHED AND

SHE HAS PAIN WITH THIS MANEUVER AND SOME MODERATE CREPITATION NOTED. DR. NOTES A RESTRICTED RANGE OF MOTION/RADIOGRAPHIC CHANGES TO THE STJ CONSISTENT WITH POST-TRAUMATIC ARTHRITIS. CURRENT LITERATURE SHOWS THAT INTRA-ARTICULAR FRACTURES OF THE SUBTALAR JOINT PROGRESS TO ARTHRITIS REQUIRING FUSION. THEREFORE AT THIS TIME, THE REQUEST FOR LEFT FOOT SUBTALAR JOINT FUSION 28715 IS REASONABLE AND NECESSARY.

**ODG-TWC, last update 2-18-11 Occupational Disorders of the ankle and foot – Fusion:** Recommended as indicated below. In painful hindfoot osteoarthritis the arthroscopic technique provides reliable fusion and high patient satisfaction with the advantages of a minimally invasive procedure. (Glanzmann, 2007) Also see Surgery for calcaneal fractures.

ODG Indications for Surgery -- Ankle Fusion:

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:
2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:
3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:
4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.

(Washington, 2002) (Kennedy, 2003) (Rockett, 2001) (Raikin, 2003)

**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)**