IMedReviews
7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

Amended and Sent on 3/18/2011

Date of the Original Review and Notice of the Decision: 3/15/2011

Date of the Amended Notice of the Decision: 3/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

23 Hour Obs. Left Evans Calcaneal Ostectomy, FDL Tendon Transfers First TMT Fusion. Gastroc Slide, Spring ligament repair

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine Surgeon

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)

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	2/28/2011
Legal Defense Attorney Correspondence	02/25/2011
Provider URA Determination Established Patient Visit Notes New Patient Visit	 01/25/2011 -2/25/2011 2/18/2010 -1/14/2011 1/28/2010
Peer Review Note	7/31/2010
Designated Doctor Report	9/17/2010
MRI Report	04//08/2010
X Ray Report	12/06/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with stage IIb posterior tibial tendon dysfunction which developed after he struck his left medial malleolus while at work. MRI revealed posterior tibial tenosynovitis with exaggerated fluid cephalad to the medial malleolus as well as a Pes Planus deformity. He has been treated with non-operative management since the injury. He was treated with custom orthotics and activity restriction for over 1 year.

I have reviewed the above case and request for surgical correction of stage II b tibial tendon dysfunction. Based on the available information, I agree with the requesting surgeon that the patient has stage II b posterior tibial tendon dysfunction (based on history and examination notes as well as radiographic reports). The treatment requested is essentially correction of adult acquired flatfoot. Flat feet can develop in adults due to a number of reasons to include posterior tibial tendon dysfunction. The patient appears to have had a long-standing asymptomatic flat foot deformity that became symptomatic after the injury.

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

The appropriate treatment for stage IIb severe flexible deformity is tendon transfer, medial side osteotomy with tendon transfer as proposed (1-4).

Given that the patient has failed non-operative management over a sufficient period of time (6-8 weeks) per ODG guidelines (5), it is reasonable to undergo the surgical treatment requested.

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**