

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145
IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 5/4/11

IRO CASE #:

Description of the Service or Services In Dispute
Out patient surgery; removal of coalition, right foot

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

Physician Board Certified in Podiatric Medicine and Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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]:

The patient was injured in xx/xxxx when she fell off a curb. Initial care consisted of medications, Ace wrap, walking boot, physical therapy. Initial diagnostics included x-ray of the right ankle. The patient failed initial conservative care and was referred to DPM. MRI revealed fibrous calcaneonavicular coalition with bone marrow edema along the coalition. Having failed conservative care, a fluoroscopic guided injection was performed by Dr. providing temporary pain relief. Repeat injection was denied. Further conservative therapy was administered and failed. CT scan was performed. Impression: Evidence of CN fibrocartilaginous coalition with degenerative changes across the pseudoarthrosis. Dr. recommended surgery. A second opinion was provided by Dr. which confirmed the benefit of coalition debridement surgery.

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

I disagree with the denial of the requested surgery. According to the notes provided, the patient has failed comprehensive conservative care. Evaluation by treating doctors and evaluators confirm pain at the coalition site. Independent medical evaluation on September 7, 2010 by Dr. states that the patient has a preexisting significant strain of a right foot calcaneal navicular fibrous union, with edema shown on the MRI , indicating acute injury from.

I reviewed both URA decisions which do not disagree that the patient has failed conservative care and that surgery is a viable alternative. Both mention the lack of a second opinion, but the medical records of Dr. dated 2/21/11 provide the necessary documentation to support surgical intervention.

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)