Notice of Independent Review Decision

DATE OF REVIEW: 04/27/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ASC Right Ankle Hardware Removal 20680

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

Board Certified in Orthopedic Surgery
Foot and Ankle Orthopedics

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.

ASC Right Ankle Hardware Removal 20680 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Chart Notes, D.P.M., 11/21/06, 12/04/06, 12/12/06, 12/14/06, 12/15/06, 01/10/07, 01/15/07, 01/22/07, 01/23/07, 02/12/07, 02/19/07, 02/20/07, 03/27/07, 04/02/07, 04/12/07, 04/23/07, 04/25/07, 05/01/07, 05/03/07, 05/11/07, 05/15/07, 05/21/07, 05/22/07, 05/29/07, 06/07/07, 07/13/07, 09/17/07, 09/20/07, 07/29/07, 08/07/09, 08/05/09, 10/27/09, 10/28/09, 02/17/10, 10/25/07, 12/18/07, 12/21/07, 01/03/08, 01/29/08, 03/14/08, 03/19/08, 04/04/08, 05/30/08, 06/30/08, 07/21/08, 08/29/08, 09/10/08, 09/11/08, 09/17/08, 09/26/08, 10/23/08, 10/24/08, 10/27/08, 10/28/08, 10/31/08, 11/13/08, 11/14/08, 11/21/08, 12/02/08, 12/02/08, 12/16/08, 12/20/08, 12/22/08, 01/19/09, 01/26/09, 02/09/09, 02/17/09, 04/02/09, 04/16/09, 06/01/09, 07/07/09, 06/21/10, 07/14/10, 07/23/10, 07/29/10, 04/04/11
- Note, D.P.M., 12/04/06
- Right Ankle MRI, M.D., 12/12/06
- Tylenol Prescription, Dr. 10/25/07, 09/17/08
- Return to Work Notice, Dr. 08/29/08, 12/29/08
- Operative Report, Dr. 09/10/08
- Prescription, Dr. 10/24/08
- Darvocet Prescription, Dr. 12/02/08
- Therapy Referral, Dr. 12/09/08
- Cane Prescription, Dr. 12/23/08

- Prescription Order Form, Orthotic Lab, 01/22/09
- Mobic Prescription, Dr. 04/02/09
- Correspondence, Dr. 01/05/10
- Correspondence, W. M.D., 07/27/10
- Denial Letter, 03/18/11, 03/30/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

As of the chart note by a podiatrist by the name of D.P.M., on xx/xx/xx, the patient was a woman who presented for ankle and foot pain. She had an injury on xx/xx/xx when she twisted her ankle and was seeing a Dr. for this condition. She was treated with non-steroidals. She was seen on that date, 12/04/06, for right ankle pain, continued swelling, and continued issues. Dr. impression was weak ankle, exostosis in the ankle, capsulitis in the right ankle, and an ankle sprain. He ordered an MRI, which showed that there was evidence of subtalar arthritis, sinus tarsitis, and some degenerative changes in the talar navicular joint, as well as an area of chondromalacia in the tibiotalar joint.

There are no medical records from Dr.
Because of continued symptoms following conservative treatment, Dr. performed elective subtalar joint arthrodesis on 09/10/08. During that procedure, he used a large, cannulated, partially-threaded screw entering the heel posteriorly and traversing the subtalar joint into the talar neck area.

Most of the chart notes that are written by Dr. and his office staff are handwritten and essentially internal chart notes regarding the patients appointments and medication refills, without physical evaluation or diagnostics. Chart notes do indicate that the patient had continued pain, at times very difficult to even put the heel down in that area, requiring continued narcotic medications. The patient also reported another injury on xx/xx/xx, stating a gas pump nozzle fell on her right foot, and Dr. referred her to her primary care physician as this was not related to the current Workers Compensation injury. Medication refills continued until 07/29/10, when chart notes indicate the patient was in for follow-up and was not having any problems other than occasional swelling, but was wanting new medications. This was the last chart note until 04/04/11, when it was only noted that Dr. could not "inject fused joint." There are no additional charts or records regarding the right ankle.

Based on these chart notes, I cannot determine if actual subtalar fusion has occurred, other than Dr. note stating the patient cannot have injection into a fused joint, possibly indicating that there has been satisfactory arthrodesis of the subtalar joint and that continued symptoms are being reported from the hardware placed in the joint.

Due to the history of foot pain, consideration for hardware removal is now being made and I have been asked to comment on the necessity of that removal.

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

It is not uncommon for the screw head to be very painful on the weight bearing surface or near the weight bearing surface of the posterior heel from the fusion itself. The screw head does not penetrate the posterior cortex. Often times, countersinking will allow the head to be nearly flush with the posterior calcaneal cortical bone, but there still may be evidence of pain even if there is a flush mount with the screw head. If there has been a solid fusion of the subtalar joint, then it is not unreasonable to remove this hardware as it can be very symptomatic with gait and weight bearing across the heel, causing persistent pain.

However, ODG criteria does state that prior to removal of hardware, there must be broken hardware or persistent pain after ruling out other causes of the source of the pain, such as infection or nonunion. The patient's records, those currently provided for review, do not reflect evidence of ruling out other sources for the continued pain, including infection or nonunion. Therefore, at this time, the criteria for hardware removal has not been met.

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)**
- ☐ **AMA GUIDES 5TH EDITION**