

SENT VIA EMAIL OR FAX ON
Oct/13/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Peroneus Longus repair, left calcaneal osteotomy, possible left subtalar fusion

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

Orthopedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Request for IRO 09/26/11

Request for IRO 09/22/11

Utilization review determination 09/16/11

Utilization review determination 09/21/11

Clinical records Dr. 05/27/11 through 09/09/11

Procedure report left peroneal tenogram and Marcaine injection 09/02/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who has a date of injury of xx/xx/xx. It's reported that he fell off a forklift sustaining a left heel fracture. He underwent acute ORIF of the left calcaneus fracture and subsequent implant removal.

On 05/27/11 the claimant was seen in follow up by Dr. It is reported he is four and a half months status post left calcaneus ORIF. He is doing a little better. He uses crutches with ambulation. He has had no more therapy approved. He's remained off work. He reports that his physician that Nova told him he could return to full duty work. On physical examination the patient ambulates with his left on his left lower extremity with crutches and an antalgic gait. There's normal swelling of the hindfoot and the surgical incisions are healed. He has tenderness in the sinus tarsi and with any attempts at subtalar motion which is severely limited. He has almost normal ankle motion. Light touch is intact. Radiographs show a healed calcaneus fracture. There appear to be some degenerative changes in the subtalar

joint the cuboid fracture appears healed. The heel is in an acceptable position. He was provided Naprosyn continued in a partial weight bearing status and allowed to perform sedentary level work. The claimant was seen in follow up on 06/21/11 and continues to complain of severe pain with weight bearing. He's tried to work but he was doing more than sedentary type work and was having considerable pain. His physical examination is unchanged. Radiographs appear to demonstrate post traumatic degenerative changes. He was recommended to undergo CT scan of the hindfoot.

The claimant was seen in follow up on 07/26/11 at which time it was reported that the CT scan showed some degenerative changes at the subtalar joint with a healed calcaneus fracture and some degenerative changes at the calcaneocuboid joint. He's recommended to undergo a subtalar intraarticular corticosteroid injection. He's subsequently referred for peroneal tenography to evaluation for peroneal tendon compression. This study performed on 09/02/11 indicates there's flattening of the peroneus longus tendon at the level of the calcaneal fracture consistent with either bony compression or potential thickness tearing of the tendon tenosynovitis or any combination of the three. When seen in follow up on 09/09/11 it's reported he got little relief from the temporary anesthetic injected into the tendon sheath. He complains of pain diffusely around the left hindfoot which is worse in the lateral aspect. On examination he has widening of the hindfoot with tenderness along the course of the peroneal tendons and diffusely around the lateral plantar heel. There's no significant motion of the subtalar joint with good motion at the ankle. He subsequently is recommended to undergo a decompression of the peroneal tendons with possible repair of the tear and a possible subtalar fusion. The initial request was reviewed on 09/16/11. Dr. non-certifies the request and notes that the applicable clinical practice guidelines do not normally support subtalar fusion although some guidelines recommend to treat for post-traumatic subtalar arthritis associated with calcaneus fracture when other appropriate non-operative treatment methods have failed and CT scans show arthritis. He notes that the claimant has CT evidence of subtalar joint arthritis with a healed calcaneal fracture but non-diagnostic response to injection of the subtalar joint and no other reported treatment. So medical necessity for subtalar fusion was not convincingly established. He further notes the peroneal tenogram was interpreted normal but the radiologist put abnormal by the surgeon and the individual has a non-diagnostic response to injection. He finds the medical necessity for peroneus longus repair not convincingly established. He notes that x-rays have shown acceptable alignment of the calcaneus so medical necessity for calcaneal osteotomy was not convincingly established. A subsequent appeal request was reviewed on 09/21/11 by Dr. Dr. notes that given the lack of response to diagnostic injections, surgery in these areas would most likely be ineffective in providing pain relief. He notes there is no described abnormality of calcaneus alignment that would necessitate calcaneal osteotomy. He recommends additional conservative treatment.

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

The request for left peroneus longus repair, left calcaneal osteotomy and possible left subtalar fusion are not supported by the submitted clinical information, and previous utilization review determinations are upheld. The submitted clinical records indicate the claimant sustained a calcaneal fracture and subsequently underwent ORIF with eventual hardware removal. Radiographs indicate appropriate healing of calcaneus. The record does not provide significant data regarding conservative treatment such as physical therapy. Radiographically there are no documented abnormalities in the calcaneus, and therefore, the calcaneal osteotomy is not clinically indicated. Based on the submitted clinical records, the request would not be supported under Official Disability Guidelines, and the previous determinations are upheld.

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

ACOEM-AMERICA 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)