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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left 2nd TMT Steroid Injection (20600, 76000)

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

M.D., Board Certified 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

Official Disability Guidelines

Utilization review determinations, 09/06/11, 09/20/11

Follow up notes, 08/03/11, 07/12/11, 04/19/11, 03/08/11, 02/11/11, 01/04/11

Operative note 10/07/10

CT scan left foot 07/21/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. The patient sustained a left Lisfranc injury on the job and is status post open reduction and internal fixation procedure followed by hardware removal on 10/07/10. Follow up note dated 01/04/11 indicates that the patient has been in physical therapy, but continues to complain of pain and swelling in her arch. Follow up note dated 02/11/11 indicates that the patient recently got her arch support and is about to start work hardening. Follow up note dated 03/08/11 indicates that she has been in work hardening and continues to complain of pain in the foot and ankle. CT scan of the left foot dated 07/21/11 revealed mild degeneration of the Lisfranc joints; small bony erosions along the medial and lateral aspect of the medial cuneiform connected by what appears to be an old orthopedic screw track; no evidence of fracture; and a moderate sized plantar surface calcaneal spur. Follow up note dated 08/03/11 indicates that the patient continues to complain of severe pain. On physical examination there is diffuse pain around her left midfoot. There are no signs of infection and there is minimal swelling.

Initial request for left 2nd TMT steroid injection was non-certified on 09/06/11 noting that ODG does not recommend injections of the foot, as they are under study. The denial was upheld on appeal dated 09/20/11 noting that current guidelines note that this procedure is under study and there is no evidence of the effectiveness of injected corticosteroid therapy for reducing plantar heel pain. The patient has received a previous injection. The date of the

injection and the patient's response were not documented.

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

The Official Disability Guidelines do not support injections to the foot noting that they are under study. The patient has apparently undergone a previous injection; however, the date of the injection is not documented, and the patient's objective, functional response to the injection is not provided. Given the current clinical data, the requested Left 2nd TMT Steroid Injection (20600, 76000) is not medically necessary.

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)