

SENT VIA EMAIL OR FAX ON
Oct/27/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Triple Arthrodesis Right Foot

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

Board Certified Orthopedic Surgeon (Joint)

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

Preauthorization determination 09/19/11 denial triple arthrodesis right foot

Preauthorization determination 10/11/11 denial triple arthrodesis right foot

Preauthorization determination 07/22/11 non-cert triple arthrodesis right foot

Progress notes Dr. 06/21/11-10/04/11

Reconsideration request 10/05/11

Peer review Dr. 08/29/11

Authorization request 09/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. He reportedly twisted his foot while walking resulting in foot fracture. The records indicate he was treated with crutches and splinting of right foot. The claimant was seen by Dr. for right foot injury and right knee pain. The claimant was noted to use a cane to ambulate. He was noted to have had therapy done before but no surgeries. He had MRI and x-rays done in 2009, but none recently. Examination of the right foot revealed range of motion dorsiflexion 20 and flexion 35, negative drawer and pain with Chopart's range of motion, pain with subtalar range of motion. Capillary refill was within normal limits. Dorsalis pedis is palpable, posterior tibial is palpable. X-rays of right foot on this date showed calcaneal spur formation lateral superior area compatible with arthritis, probably posttraumatic. The claimant was recommended to undergo triple arthrodesis, but this was not recommended as medically necessary noting there was no indication the claimant had failed orthotics as preliminary measure. Moreover, right ankle x-

rays suggestive of malunion were from 2009. No other more recent radiograph was provided that validates the need for surgery. There was also no report for successful diagnostic block. The most recent physical examination did not report presence of malalignment or decrease in range of motion. Progress note dated 07/28/11 noted that triple arthrodesis was denied. It was noted the claimant does have chronic pain. His condition cannot be adequately braced, and bracing can also produce pressure ulcers. He also has posttraumatic arthritis and needs a cane to ambulate. He has atrophy of quads and hamstrings on right leg. X-rays taken on 06/21/11 showed midfoot posttraumatic arthritis. Range of motion remains unchanged from 06/21 visit and claimant continues with pain.

A request for triple arthrodesis right foot was reviewed on 09/19/11 and determined as not medically necessary. It was noted that current evidence based guidelines recommend arthrodesis provided the claimant meets specific criteria. The clinic notes mention the claimant having previously undergone x-rays, but no documentation was submitted for review regarding imaging studies confirming the claimant's significant clinical findings. No documentation was submitted for review regarding the claimant's malalignment. Given the lack of documentation regarding significant clinical findings as well as imaging studies confirming such findings, the request does not meet guideline recommendations.

An appeal request was reviewed on 10/11/11 and again triple arthrodesis right foot was denied. It was noted the claimant's whole file was rather complex and inconsistent in that the mechanism of injury of twisting his foot while walking should not result in calcaneal fracture. Moreover, Dr. on 12/16/08 for peer review summarization reported there was a healed calcaneus fracture and varus with decreased Bohler's angle. The peer review noted the intermittent attendance by the claimant for care in his favor to attend RME with Dr. The claimant is inconsistently reported to be a non smoker versus a smoker. The need for triple arthrodesis for 2008 work injury is not validated by these records. RME with qualified orthopedic surgeon would still appear prudent.

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

The proposed triple arthrodesis of right foot is not indicated as medically necessary based on clinical data provided. The claimant reportedly sustained an injury on 11/08/08 when he twisted his foot while walking resulting in fracture. The claimant was treated in 2008 and 2009, but no recent conservative treatment was documented. There also is no current radiology reports submitted for review suggestive of malunion or malalignment. It is also noted the claimant failed to attend required medical examination with Dr. Given the current clinical data, medical necessity is not established, and previous denials should be upheld on IRO.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES