

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle hardware removal subtalar arthrodesis

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

M.D., Board Certified Orthopedic Surgeon

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

Request for IRO dated 08/25/11

Request for IRO dated 08/26/11

Clinical records Dr. DPM dated 07/11/11, 08/01/11

Preauthorization request dated 08/15/11

Utilization review determination dated 07/14/11

Utilization review determination dated 08/15/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries resulting in a right calcaneal fracture treated with open reduction and internal fixation. On 07/11/11 the claimant was seen by Dr. The claimant is noted to be weightbearing as tolerated with athletic toed shoe gear and compression stockings occasionally. He is participating in work. He reported progressing well. He has worsening pain at subtalar joint. This increases proportionally level of activity with increased activity during ambulation. On physical examination he has extensile lateral J type incision at right foot, which is closed. There is complete epithelialization noted. There are no signs of infection. There is mild to moderate edema present in lateral sinus tarsi and lateral wall of calcaneus. There is no calf tenderness. Distal neurovascular status is grossly intact. Sensation is intact to light touch in foot and ankle. He has no tenderness to palpation of lateral wall of calcaneus. He has some widening of calcaneus lateral shoulder as well as pain at subtalar joint with palpation. He has limited subtalar range of motion with crepitation noted on inversion and eversion, which is limited to less than 10 degrees. He has tenderness with weight-bearing not the actual body of calcaneus but at subtalar joint. There is no impingement or discomfort along peroneal course laterally. He is noted to have severe calcaneal fracture and tenosynovitis. He is opined to have developing arthritis of subtalar joint. He was recommended to undergo hardware removal from lateral wall of calcaneus and performance of calcaneal osteotomy in order to smooth out the lateral wall, perform primary subtalar joint arthrodesis. The claimant was seen in follow-up by Dr. on 08/01/11. He is reported to have continued pain and

worsening discomfort in subtalar joint. He is reported to have undergone steroid injection at subtalar joint, which is reported to have made his pain and discomfort worse with increased swelling along the lateral aspect of joint. His physical examination remains unchanged. He again is recommended to undergo primary subtalar joint arthrodesis and hardware removal. On 08/22/11 the appeal request was reviewed by Dr. Dr. noted he discussed the case with Dr. and does not recommend the procedure as being medically necessary. He reported the claimant is status post ORIF at comminuted intraarticular calcaneus fracture. He notes the claimant is reported to have been weightbearing as tolerated with work boot and using an ankle brace. He complains of continued pain and worsening discomfort. He underwent epidural steroid injection of subtalar joint but reported that made it worse and did not help at all. He notes there are no radiology reports submitted for review with objective evidence of subtalar joint arthritis, and medical necessity was not established for right ankle hardware removal or subtalar arthrodesis.

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

The request for right ankle hardware removal and subtalar arthrodesis was not supported by the submitted clinical information, and previous utilization review determinations are upheld. The claimant is reported to have sustained a comminuted fracture of right calcaneus, which required ORIF. The record does not include any imaging studies to quantify the nature and degree of fracture, nor does it require any new radiographs or clinical establishing the calcaneal fracture has healed. The claimant is noted to have undergone a recommended corticosteroid injection without improvement; however, there are no imaging studies which establish the presence of developing subtalar osteoarthritis. Imaging studies are clearly critical to determination of medical necessity. It is noted in both peer reviews, peer-to-peer contact was made with requestor who failed to provide sufficient information to establish medical necessity. Based on the totality of the clinical information and lack of radiographic studies, the request for Right ankle hardware removal subtalar arthrodesis is deemed not medically necessary and 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 KNOWLEDGBASE

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)**