

SENT VIA EMAIL OR FAX ON
Apr/12/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconstruction of Right Foot

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 dated 03/27/12

Utilization review determination dated 02/23/12

Utilization review determination dated 03/15/12

Clinical records dated 11/08/11

Clinical records dated 11/10/11-03/19/12

Operative report dated 11/14/11

Lab reports

Letter of appeal dated 03/08/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained injuries to his right foot on xx/xx/xx. On this date he is reported to have been rear ended. Records indicate the claimant was seen by on 11/08/11. The claimant has complaints of pain and swelling in plantar aspect of right arch increased with movement. It was reported on this date the claimant stepped on long nail three weeks ago and was seen at where tetanus was given and x-rays were taken. He was started on two antibiotics and has continued pain, swelling, heat and occasional fever. Radiographs of foot reported bony erosion, break in cortices, possible periosteal reaction, and opined the claimant had osteomyelitis of right foot. He was to be referred for MRI. The claimant was seen in follow-up on 11/10/11 and noted to have continued pain, swelling, heat, and occasional fever. The claimant was recommended to undergo I&D and bone biopsy of second metatarsal. The operative report indicates no evidence of purulence

or sign of deep infection, no retained foreign body and biopsy was performed. When seen in follow-up on 11/18/11 the claimant was reported to have improvement.

The claimant was seen in follow-up on 11/28/11. He is noted to have less pain since he started on IV antibiotics. He has mild erythema, mild edema, and mild gapping drainage of wound. There are mild erythematous streaks radiating from area.

The claimant was seen in follow-up on 12/05/11 and reported to have increased pain and redness of foot. Pain level is reported to be 7/10. He is noted to have an abnormal gait. An aspiration was attempted and no fluid was expressed.

The claimant was seen in follow-up on 12/16/11 and reported his foot has improved. He does not feel well and has stomach issues. Pain level is reported to be 3/10.

The claimant was seen in follow-up on 02/06/12. It was reported the claimant has been released from hospital and is on oral antibiotics for pain level of 3/10. His physical examination remains unchanged.

The record includes note from 02/20/12 in which there is report of removal of implant deep screw. Records indicate that hardware/internal fixation was identified and removed in standard fashion.

The record contains a letter of appeal which reports that the claimant had osteomyelitis of the right second and third metatarsal cuneiform joints which necessitated resection of those joints intraoperative antibiotic Methotrexate was placed in the wound and an external fixator was applied to stabilize the foot and he was placed on eight weeks of IV antibiotics and was admitted for six weeks to an LTAC unit. He is followed by of infectious disease. The claimant was recommended to undergo a reconstruction which would require fresh frozen femoral head, internal fixation, PRP general cancellous bone with stem cells, and application of bone stimulator.

The initial review was performed by on 02/23/12 who non-certified the request noting that there is documentation of ongoing evidence of infection that is unspecified whether the intent is for further incision and drainage or soft tissue coverage and further medical treatment is not clearly indicated and the planned reconstruction is not outlined. He finds insufficient clinical data to address the request.

A subsequent appeal request was reviewed by on 03/15/12 who notes that the claimant was discussed that the case was discussed with and indicated that had cleared the claimant. He notes that the request for reconstruction of a right foot includes a femoral head allograft with PRP and stem cells and he reports that stem cells and PRP are not supported by the guidelines and notes that there are no medical records by a the requester documenting that the claimant was cleared to undergo surgical reconstruction. He finds that there's insufficient clinical data to address the surgical procedure and therefore non-certified the request.

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

The request for reconstruction of the right foot is not supported by the submitted clinical information. The available records do not provide detailed clinical information regarding patient's treatment. The serial notes indicate that the claimant has osteomyelitis for which he was receiving IV antibiotics and the claimant was taken to surgery on 11/14/11 at which time he underwent incision and drainage and biopsy of the right second metatarsal deep bone. The record does not include MRI or CT establishing the diagnosis. There are no notes from infectious disease which indicate that the claimant is infection free and been cleared. It would further be noted that no definitive operative plan was submitted until letter of appeal dated 03/08/12. On this particular case the requester requires fresh frozen femoral head, internal fixation, PRP general cancellous bone with stem cells, and application of bone stimulator. It would be noted that under the Official Disability Guidelines the use of PRP and stem cells are not supported as there is no data to indicate that the use of these biologic

materials results in any significant improvement. Given the lack of definitive information and supporting documentation to establish resolution of osteomyelitis the request cannot be supported as medically necessary and the prior utilization review 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)