

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hardware Removal 20680 Right Foot/leg

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

ODG Ankle & Foot Chapter

Request for IRO dated 12/01/11

10/19/11, 11/11/11

Operative report 02/13/11

Operative report 02/10/11

Dr. 03/22/11, 04/11/11, 05/10/11, 07/13/11, 08/15/11

Discharge summary 05/16/11

Dr. 05/05/11-05/14/11

Operative report 02/15/11

Discharge summary 02/23/11

Operative report 02/13/11

Operative report 02/09/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained a crush injury to his right foot when he was struck by a forklift on xx/xx/xx. The claimant was transported to Emergency Department and subsequently admitted by trauma. He was noted to have sustained traumatic degloving wound to right foot, open first tarsal metatarsal joint with fracture, multiple fractures about the midfoot, soft tissue degloving of medial foot approximately 10x5 cm. The claimant was taken to surgery on that same date when he underwent irrigation and debridement of muscle, soft tissue and bone. External fixator was placed. A closed reduction of percutaneous pinning of second ray of tarsometatarsal joint was performed and wound vac was applied. On 02/10/11 the claimant was returned to surgery for irrigation and sharp excisional debridement of skin and subcutaneous tissue muscle and bone of right foot with subsequent application of wound vac. He underwent additional debridement on 02/13/11. He later underwent open reduction and internal fixation on 02/17/11. The claimant

continued under the care of Dr.. The claimant developed postoperative infection requiring IV antibiotics. He is noted to have persistent swelling and erythema. He was advanced to physical therapy but continued to have difficulties. On 06/13/11 he is noted to be non-weightbearing with flap issues that have resolved. He continued to have wound vac in place. He is able to move his toes and has brisk capillary refill. Radiographs show maintenance of alignment of mid foot. It appears he is healing in his medial column is healing nicely. There is consideration of bone graft if needs in medial column. There is discussion regarding hardware removal. Most recent clinic note is dated 08/15/11. He is noted to be scheduled for flap debulking and in approximately 2 weeks will be cleared for weightbearing. His hardware is intact with no signs of loosening.

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

This man sustained a crush and degloving injury to the foot. He has had multiple surgeries, which included ORIF. The records submitted for this review do not provide any recent radiographic studies or other data to suggest there has been failure of hardware, hardware is symptomatic, or there are other issues that would necessitate removal of hardware. In absence of definitive information, the reviewer finds no medical necessity for Hardware Removal 20680 Right Foot/leg.

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)