

SENT VIA EMAIL OR FAX ON
Dec/16/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient open reduction with internal fixation (ORIF) of the left foot hallux

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
Notice of utilization review findings 11/17/11
Notice of utilization review findings 11/29/11
Job injury registration
Request of medical clearance for surgery
11/09/11
X-ray report 11/09/11 left foot 4 views
X-ray report 11/14/11 chest
EKG 11/14/11
Office notes Dr. 11/09/11-12/01/11
Clinical lab results 11/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx when equipment fell on his left foot. X-rays on 11/09/11 of left foot were noted to show first toe displaced fracture. The claimant

was recommended to go open reduction and internal fixation.

Utilization review performed on 11/17/11 recommended non-certification. It was noted the claimant was injured just over a week ago when equipment fell on his left foot. There is a request for ORIF of left foot. Last office visit states the claimant sustained left foot hallux fracture while working. Claimant is to have ORIF on 11/17/11. No other clinical or diagnostic testing was included. ODG requires there be demonstrated medical necessity for treatment. The limited clinical material provided does not establish medical necessity.

A utilization review performed 11/29/11 determined the reconsideration request of outpatient open reduction with internal fixation of left foot hallux to be non-authorized. It was noted a heavy piece of metal fell on the claimant's left hallux causing a distal phalangeal fracture on 11/05/11. The claimant sought care from Dr., but no clinic notes from her care were provided for review. No clinic notes were provided for review with initial submission. For the appeal, a lone clinic note dated 11/09/11 was supplied. This note documents claimant has poorly controlled diabetes and is not a good historian due to having just took 2 Vicodin, speaks clearly but has difficulty understanding today due to having taken Vicodin, Vibratory, and monofilament tests were not able to be evaluated due to Vicodin use, pain on palpation of the left hallux limits exam, left hallux fracture blister is present and non-tense with minimal epidermal disruption, 3 views weightbearing left foot indicate a displaced phalanx fracture and hallux abductus with digital deformities. The lateral margin of the joint is involved with the fracture. Surgical correction is indicated in this diabetic patient for restoration of the distal phalanx. Digital deformities including hallux valgus and hammer toe deformities are present and will need repair as they are expected to lead to ulceration and other complications. It is recommended that an Akin procedure be performed at the same time as the fracture repair. Hammer toe deformities will be discussed with the patient when he is more coherent and can better discuss the complications. No radiologist's report of left foot including assessment of alleged distal phalangeal fracture has been supplied for review. The reviewer failed to see medical urgency to rush the surgery after only one office visit with no documented conservative care; no attempt to evaluate and stabilize claimant's diabetes; and knowingly proceeding through a fracture blister, known to increase postoperative complications. It is noted that various medical legal risks and pitfalls are present with operating on diabetic patient. Beyond the concerns of performing elective surgery on documented poorly controlled diabetic, the reviewer also had concerns about discussions with the known "impaired" claimant. If Dr. did not feel the claimant was coherent enough to discuss risks and complications of hammertoe correction, one must wonder how the claimant was coherent enough to understand risks and complications of open reduction internal fixation of left foot hallux. Given sum of all these concerns, medical necessity of proposed surgery has not been established, and initial non-authorization was upheld.

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

The clinical data provided does not support determination of medical necessity for outpatient open reduction and internal fixation of left foot hallux. The claimant is noted to have sustained injury when heavy piece of metal fell on his left foot resulting in a distal phalangeal fracture. X-ray report 4 views left foot revealed 1st toe displaced fracture. As noted on previous reviews, the claimant was described as uncontrolled type II diabetic. He does not check his sugars. There is no documentation of any attempt at conservative treatment prior to pursuing ORIF. The issues / concerns raised on initial and reconsideration review appear valid, and remain unaddressed. As such, the proposed outpatient ORIF of left foot hallux is not recommended as medically necessary, and previous denial should be upheld.

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES