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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tenolysis Left Metatarsal Phalangeal Resection Sesamoid Bone Cheilectomy Metatarsal Phalangeal 1st Joint

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

M.D., Board Certified General Surgery Fellowship trained Orthopedic Hand and Upper Extremity 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

Official Disability Guidelines & Treatment Guidelines
Progress notes M.D. 03/31/11-03/29/12
MRI left foot without contrast 04/07/11
Peer review M.D. 04/25/11
Initial evaluationPT 05/02/11
Claims letters 05/02/11, 10/20/11, and 12/19/11
Addendum US Lower extremity arterial Doppler 09/29/11
Peer review dated 10/12/11
Peer review dated 10/19/11
TDI-DWC decision and order 12/08/11
Adverse determination letter dated 04/05/12
Letter of medical necessity 04/30/12
Adverse determination letter 05/09/12, Adverse determination letter amended 05/16/12

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male who was injured while he was helping a wheelchair bound passenger on to the bus when the wheelchair ran over his left foot. He complains of left foot pain with difficulties with standing, aching pain. MRI of the left foot dated xx/xx/xx reported no fracture identified. The Lisfranc ligament is intact. There is no malalignment of the tarsometatarsal joints. The medial sesamoid is low signal intensity and mildly irregular in morphology. The lateral sesamoid is intact. There are small first metatarsal head osteophytes. Tendinosis of the flexor hallucis longus tendon also was noted. According to decision and order in contested case hearing dated 02/06/12, the compensable injury extends to include a sesamoid fracture and inflammation of the flexor tendon hallux of the left foot. On 03/29/12

he reported severe pain in the foot and the metatarsophalangeal joint, difficulties with standing. He cannot wear regular closed toe shoe and has to wear sandal or he has difficulties. He is now having trouble maintaining activities at work including standing and use of the foot to turn signals on the bus.

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

There is no documentation that this patient has had an appropriate course of conservative care prior to consideration of surgical intervention, in accordance with the ODG. Therefore, the reviewer finds no medical necessity at this time for Tenolysis Left Metatarsal Phalangeal Resection Sesamoid Bone Cheilectomy Metatarsal Phalangeal 1st Joint.

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)