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Notice of Independent Review Decision

DATE OF REVIEW: 05/30/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right foot first MTP cheilectomy with synovectomy versus hemicap versus arthro surface

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Foot and Ankle Surgery and Orthopedic Traumatology

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right foot first MTP cheilectomy with synovectomy versus hemicap versus arthro surface - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

DWC PLN-11 dated 11/18/08

MRI of right foot dated 01/19/10 and interpreted by M.D.

Peer review from M.D. with dated 01/14/12

Evaluations with D.P.M. dated 02/20/12 and 03/05/12

Preauthorization determinations from Services Corporation dated 03/27/12 and 04/18/12

A letter To Whom It May Concern from Dr. dated 04/06/12

The Official Disability Guidelines (ODG) criteria were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 11/18/08, the carrier filed a PLN-11, disputing the degenerative changes present within the joint and posttraumatic aggravation of preexisting osteoarthritis of the toe, as these were not a direct result of or naturally occurring from the injury of xx/xx/xx. An MRI of the right foot revealed non-specific bone marrow edema involving the distal half of the first metatarsal bone with joint effusion at the first MTP joint and chronic synovitis, according to Dr. Dr. performed a peer review on 01/14/12 and noted the patient's conditions should have resolved within a maximum of two months status post injury. He further noted the ODG did not recommend the use of medications, physical therapy, work conditioning, work hardening, DME, a gym membership, or orthotics for stress fractures of the metatarsals or toe contusions. Dr. examined the patient on 02/20/12. She had received three to four injections into the big toe with no relief. She was using pain killers and cream. She had limited range of the right big toe and she reported developing osteoarthritis and joint pain. There was limited motion in the first MTP joint and a large osteophyte and arthritis. There was crepitus noted with range of motion. There was fusiform swelling. X-rays revealed joint space narrowing and osteophyte formation of the dorsal aspect of the toe with bridging along the lateral aspect of the first MTP joint between the head and proximal phalanx. An MRI was recommended and her medications were continued. On 03/05/12, the patient returned to Dr.. It was noted an MRI had been denied. The records and previous MRIs were reviewed. Examination was unchanged. The diagnoses were hallux limitus, rigidus, osteoarthritis of the foot and ankle, and contusion, bruised foot. A first MTP joint cheilectomy with synovectomy of the first MTP joint versus a hemicap versus arthro surface was recommended. On 03/27/12, M.D. with Services Corporation, provided a non-authorization for the requested surgical procedure. Dr. addressed a letter To Whom It May Concern on

04/06/12. He noted the denial of the surgery and discussed her discomfort and pain in the big toe joint. He noted an MRI, as well. He again recommended a cheilectomy of the first MTP joint to restore range of motion and to reduce osteophyte and osteoarthritis, but noted is she had loss of her articular cartilage, she would need an arthro-surface procedure in order not only to restore motion, but to prevent further complications. On 04/18/12, D.O. also provided a non-authorization for the recommended right foot first MTP joint cheilectomy with synovectomy/hemicap/arthro surface for Argus.

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

It should be noted the ODG does not specifically address cheilectomy. In my opinion, the request for surgery is not appropriate. There was very limited medical documentation provided for my review at this time. It is unclear the conservative treatment the claimant has received for this injury. It is stated she had received three to four injections into her big toe, but the documentation for this was not provided. X-rays demonstrated osteoarthritis in the first MTP joint. Clearly, there would not have been the noted x-ray findings of significant arthritis between the reported compensable date in July of 2008 and the findings noted by November of 2008. Furthermore, I believe that the description of her mechanism of injury would at most be a toe sprain with a contusion. No fractures were documented immediately following the injury and no subluxation or dislocation of the joint was incurred. This kind of injury would almost undoubtedly not produce the significant arthritis changes present in the joint noted less than five months later. Therefore, the requested right foot first MTP cheilectomy with synovectomy versus hemicap versus arthro surface is neither reasonable nor necessary and the previous adverse determinations should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE

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)**