

SENT VIA EMAIL OR FAX ON
Feb/28/2012

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Graft jacket to left foot/ankle

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
General 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
Utilization review determination 01/23/12
Utilization review determination 01/31/12
Preauthorization review 01/23/12
Preauthorization review 01/30/12
Preauthorization request for outpatient surgery 01/10/12
Preauthorization appeal request for outpatient surgery 01/24/12
Office visit notes DPM 12/15/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described. The patient was seen on 12/15/11 with continued pain with left ankle. Lower extremity examination reported dorsalis pedis and posterior tibial pulse 2/4 left foot. Neurologic exam noted light touch sensation intact in left foot. Dermatologic exam revealed no ulceration in left foot. Musculoskeletal exam reported pain elicited upon palpation of

peroneal tendons, lateral malleolus and lateral calcaneus. No radiology report was provided, but MRI findings of left ankle noted previous documented evidence of partial versus complete tear or rupture of peroneal tendons lateral left foot and ankle. Assessment was peroneal tendinitis with tenosynovitis. The claimant was recommended to undergo primary repair of partial tear versus primary tear of complete rupture.

A preauthorization request for graft jacket to left foot / ankle was reviewed on 01/23/12 and adverse determination was recommended. The reviewer noted he was unable to determine medical necessity of the request. Official Disability Guidelines do not specifically address graft jackets. It was noted this was being requested to be used post-operatively and during surgery; however, per discussion with the requesting provider's office the surgery has been cancelled and therefore adverse determination recommended.

An appeal request for graft jacket was reviewed on 01/23/12 and the request was non-certified as medically necessary. Reviewer noted that the medical literature does not support a standard of care in using this material for the ankle. Official Disability Guidelines describes the situation using it as a skin substitute for a burn and medical literature has random articles for the shoulder. Therefore it appears experimental and non-standard of care.

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

Based on the clinical data provided consisting of a single office visit note, medical necessity cannot be established for the proposed graft jacket to the left foot/ankle. The claimant is noted to have sustained an injury to the left ankle with continued subjective complaints of pain. There is no documentation of the nature and extent of treatment completed to date for this injury. Records indicate that the claimant previously was approved for tendon repair, but surgery subsequently was cancelled. Official Disability Guidelines ankle and foot chapter does not address graft jacket for the ankle. As such medical necessity for the proposed procedure cannot be certified as medically necessary and previous denial should be upheld on IRO.

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)