

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/06/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Ambulatory Surgical Services And Kidner Procedure To Include Cpt Code 28238

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

M.D., 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that medical necessity is not established for Ambulatory Surgical Services And Kidner Procedure To Include Cpt Code 28238.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Office visit notes and patient evaluations dated 07/10/12-09/11/12

MRI of right ankle without contrast dated 08/23/12

Disclosure and consent of medical and surgical procedures dated 09/11/12

Prospective / concurrent review determination dated 09/18/12

Prospective / concurrent review determination dated 10/02/12

Notice of disputed issues and refusal to pay benefits dated 10/01/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male. He was working his horses and forcefully twisted his right foot. He complains of pain to the right medial ankle and rear foot area. MRI dated 08/23/12 revealed no tendon or ligament abnormality of the right foot or ankle and no evidence of tibialis tendinitis. There is periarticular edema of the talonavicular joint without bony erosive changes. This likely reflects early osteoarthritis and corresponds to the area of claimant's maximal pain. There was also a small contusion to medial side of navicular bone. There is no fracture or stress injury. Records indicate the claimant was immobilized for approximately 3 weeks, and physical therapy was performed without improvement. Per progress report dated 09/11/12, the claimant reported feeling 50% better from the injury. He also was noted to relay previous injury to affected foot in the past.

A request for ambulatory surgical services and Kidner procedure to include CPT code 28238

was not authorized as medically necessary per review dated 09/18/12 noting the alleged injury was only about 6 weeks old. There was no radiology report to confirm accessory navicular and a longer period of immobilization.

An appeal request for ambulatory surgical services and Kidner procedure to include CPT code 28238 was non-authorized per review dated 10/02/12. It was noted the proposed procedure was treatment for painful accessory navicular bone. No imaging studies, which support diagnosis of accessory navicular bone were provided. The reviewer further noted that if present this would be preexisting medical condition. Consequently, medical necessity is not established.

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

The claimant was noted to have sustained an injury when he forcibly twisted his right foot . He had some limited conservative treatment including physical therapy and approximately 3 weeks of immobilization. Records indicate the proposed procedure was to address a painful accessory navicular bone; however, there is no objective evidence on imaging studies to support this diagnosis. It is further noted the claimant had limited conservative treatment, and immobilization could consist of casting for 6 weeks. As such, it is the opinion of the reviewer that medical necessity is not established for Ambulatory Surgical Services And Kidner Procedure To Include Cpt Code 28238.

**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)