



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: August 28, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Fusion of foot bones (28725), Removal of bone for graft (20900), Surgical trays (A4550)

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

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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

| Type of Document Received | Date(s) of Record |
|----------------------------------|--------------------------|
| An office note from | 06/20/2012 |
| A consultation report by | 07/02/2012 |
| An office note from | 07/18/2012 |
| A letter of pre-authorization by | 07/23/2012 |
| A letter to from by | 07/27/2012 |
| A letter of appeal by | 07/30/2012 |
| A peer review report by | 08/02/2012 |
| A letter to from by | 08/06/2012 |

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who injured his right foot/ankle on xx/xx/xx when he fell off a truck and landed on his right lower extremity. He developed pain, swelling and difficulty weight bearing on his right lower extremity and had MRI done. He was treated with physical therapy without much relief. He continued to have pain and was not able to return to work secondary to pain. On 06/20/2012, he was seen for a follow up visit and was recommended continue use of AFO and a second opinion from regarding possible subtalar fusion, right foot. He then saw on 07/02/2012 who agreed to proceed with subtalar fusion. He then had peer review done by who stated the recommended subtalar fusion is not medically necessary and appropriate.



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

Although the records are somewhat lacking as to the diagnosis, I see the problem in this patients foot as a form of tarsal coalition. The exact anatomic coalition is not described but severe features of the condition are. The proposed surgical procedures are all described as surgical options in the attached copy from one of our popular and respected textbooks. ODG really does not address subtalar arthrodesis as such. Ankle arthrodesis guides do not apply here.

Please find attached pages 4029 to 4045 (Volume Four, Tenth Edition, Campbell's Operative Orthopaedics by S. Terry Canale, MD).

**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 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 (Volume Four, Tenth Edition, Campbell's Operative Orthopaedics by S. Terry Canale, MD)- Attached**