

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/27/2012

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

Repair fracture 2nd MTP and nail osteotomy

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

Orthopedic 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Detailed job description 06/01/12  
Operative report dated 05/30/12  
Clinic note dated 06/14/12 and 06/28/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who sustained an injury on xx/xx/xx when he sustained a fracture of the 2nd metatarsophalangeal joint of the left foot. The claimant was noted to be diabetic and claimant is status post irrigation and debridement of open 2nd metatarsophalangeal fracture on 05/30/12. Clinical follow-up on 06/14/12 stated the claimant continued to have significant pain in left foot not significantly addressed with pain medications. The claimant was also reported to be taking IV antibiotics. Current medications include Neurontin 300 mg and Norco 5/325 mg. Physical examination indicated swollen area at base of 2nd metatarsal in left foot. No erythema or drainage was present, and there was tenderness to palpation. Limited range of motion was noted. Follow-up on 06/28/12 stated the patient continued to have significant pain in left foot and had to ambulate with left heel. Physical examination at this visit revealed extensive swelling around the second metatarsal phalangeal joint with excessive excursion. Radiographs at this visit revealed a fracture at the base of the proximal phalanx of the second metatarsal phalangeal joint. Subluxation was present. The patient was recommended for an osteotomy to decompress the joint and reconstruct the ligaments in the bottom of the toe as well as shortening the second metatarsal. The request for fracture repair and nail osteotomy was denied by utilization review on 07/09/12 as infection was not

ruled out given the presence of diabetes and the requested use of hardware. The request was again denied by utilization review on 08/02/12 due to the lack of laboratory testing ruling out infection.

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

The clinical documentation provided for review does not support the requested fracture repair and nail osteotomy for the second metatarsal phalangeal joint of the left foot. The most recent physical examination did reveal extensive swelling of the left foot and the patient reported extensive pain. Given the patient's extensive swelling and history of diabetes infection should be ruled out prior to any surgical intervention that includes hardware placement. The clinical documentation did not contain any recent laboratory studies ruling out infection in the left foot to include CBC, C-reactive protein, and Sed Rate analysis. Given the lack of laboratory testing ruling out infection medical necessity cannot be established and the prior denials are upheld

**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)