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**Notice of Independent Review Decision**

**Date notice sent to all parties:**

December 31, 2012

**IRO CASE #:**

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

OP Rt Tarsal Tunnel Release, R 1<sup>st</sup> MTP Fusion, R Fibula Excise Spur 28035  
28705

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse  
determination/adverse determinations should be:

Upheld (Agree)

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

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

Clinical notes 01/27/12-11/20/12

Clinical notes 09/04/12-12/18/12

MRI left ankle 11/13/12

Prior reviews undated and 12/07/12

Cover sheet and working documents

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx after falling. The patient sustained bilateral calcaneal fractures which required open reduction internal fixation procedures in 04/12. The patient was able to have closed treatment of the right calcaneal fracture. The patient underwent a right open reduction internal fixation for the calcaneal fracture on 05/02/12. Post-operatively, the patient was placed in a non-weight bearing cam boot and the patient had persistent complaints of reduced range of motion in the ankles bilaterally. The patient underwent prior physical therapy, however. The patient reported continued numbness in the plantar aspect of the right foot. Clinical evaluation on 11/02/12 stated that the patient continued to have right foot pain and numbness, mainly in the plantar aspect. The patient reported no motion in the toes of the right foot. Physical examination revealed tenderness to the right foot along the plantar fascia line. The first toe was rigid in a neutral position with no motion of the metatarsal phalangeal joint. There was pain with stressing of the joint. Limited range of motion in the lesser toes of the right foot was also present and there was limited range of motion in the subtalar joint. Positive Tinel sign of the tarsal tunnel in both the medial and lateral plantar nerves was present. Increased loss of sensation to fiber testing was noted and radiographs were stated to show an incongruent first metatarsal phalangeal joint above the talonavicular joint. MRI of the left ankle on 11/13/12 revealed a limited study due to extensive metallic artifacts with a slight signal change in the posterior talus which could be representative of a bone contusion or non-specific marrow stress reaction. Further investigation through CT studies was recommended. The request for a right tarsal tunnel release with first right or with a right first metatarsal phalangeal joint fusion and a right fibular excision of a spur was non-certified by utilization review on an unknown date. The review indicated that there were no diagnostic injections to the joints or prior electrodiagnostic studies confirming tarsal tunnel syndrome that would support the request. There was also no radiograph evidence of a bone spur of the fibula that would support the request. The request was again non-certified on utilization review on 12/07/12 as there was clinical documentation regarding electrodiagnostic studies or radiograph confirmation of a medial ossification present under the talus of the right foot or an incongruent metatarsal phalangeal joint also above the talonavicular joint.

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

The request for a right tarsal tunnel release with metatarsal phalangeal joint fusion and a right fibular spur excision is not recommended as medically necessary based on the clinical documentation provided for review. As previously indicated, no electrodiagnostic studies were submitted for review confirming evidence and confirming the presence of tarsal tunnel syndrome in the right foot. There was also

no clinical documentation regarding diagnostic injections as recommended by current evidence based guidelines. As the clinical documentation provided for review does not meet guideline recommendations for the requested services, medical necessity would not be established.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Surgery for tarsal tunnel syndrome

Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. ([Gondring, 2003](#)) ([Sammarco, 2003](#))

S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee-Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN 0323012485.