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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 right second metatarsophalangeal (MTP) steroid injection under radiographic guidance

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified 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. It is this reviewer's opinion that medically necessity is established for 1 right second metatarsophalangeal (MTP) steroid injection under radiographic guidance

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical reports dated 11/16/12 & 04/03/13
Procedure note dated 11/30/12
Prior reviews dated 03/21/13 & 03/26/13
Peer review by Dr. dated 12/11/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who initially sustained an injury on xx/xx/xx when she was struck by falling boxes. The patient was seen on 11/16/12 by Dr. for right forefoot pain. Per the clinical notes the patient was utilizing orthotics that increased her pain. The patient was noted to be a current every day smoker. No pertinent medications were noted at this visit. Physical examination identified a normal gait with diffused tenderness in the right forefoot region. There was tenderness at the second metatarsal phalangeal joint and range of motion was intact. The patient was recommended for a metatarsal phalangeal joint which was performed on the second metatarsal on 11/29/12. There is a gap in clinical information and the patient was not seen again by Dr. until 04/03/13. The patient reported several months of pain relief to the right second metatarsal phalangeal joint injection. The patient reported an increasing amount of symptoms with pain beginning at the proximal interphalangeal joint of the third toe with the use of orthotics. At this visit the medications were noted to include Ibuprofen, Norco, Voltaren gel, Lidoderm patches, and Darvocet. Physical examination identified ligament laxity at the second metatarsal phalangeal joint with tenderness at palpation. There was a clear hammer toe deformity which was semi-rigid. There was tenderness to palpation of the proximal interphalangeal joint of the third toe. The patient was recommended for a second metatarsal phalangeal joint at the second metatarsal.

The requested repeat second metatarsal phalangeal joint injection under radiographic guidance was denied by a utilization review on 03/21/13 as the patient had not been seen since November of 2012 and a physical reevaluation was recommended.

The request was again denied by a utilization review on 03/26/13 as there was still no recent physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has had ongoing complaints of right second metatarsal phalangeal joint pain that substantially improved with the initial metatarsal phalangeal joint injections. From the clinical documentation, the patient was able to obtain up to 5 months of relief with the initial injection. The most recent physical examination did identify ongoing tenderness at the second metatarsal phalangeal joint. Given the patient's response to initial injections and with the updated physical examination the prior reviewer's concerns have been addressed. Repeat injections at the second metatarsal phalangeal joint would be supported based on clinical guidelines. As such it is this reviewer's opinion that medical necessity is established for 1 right second metatarsophalangeal (MTP) steroid injection under radiographic guidance and the prior denials are now overturned.

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)