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Notice of Independent Review Decision

March 25, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tarso-Metatarsal Arthrodesis (Lapidus Plate/4-0 Cannulated Screw/Staple) and then DME-Crutches and Knee Scooter

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who twisted his left foot and ankle on xx/xx/xx. He finished working his shift and then went to the ER that night, as the pain was increasing. He had X-rays done that were negative for fractures. He was diagnosed with foot sprain and was put in a post op shoe. He was also given crutches and advised to bear weight as tolerated.

09/08/2013: X-Ray Left Ankle. **Impression:** 1. Small inferior calcaneal spur. 2. No fracture or subluxation seen, three views left ankle obtained.

09/09/2013: Evaluation. **HPI:** Patient presented with pain described as sharp and throbbing, rated 7/10. He currently is unable to walk normally, bear weight and stand or an extended length of time. **PE:** Gross examination of the left foot reveals mild swelling-the left dorsal aspect of the forefoot over the 4th metatarsal, 5th metatarsal and 3rd metatarsal. Range of Motion testing of the foot shows a decrease to all planes, ROM testing was painful. Palpation is significant for moderate tenderness at dorsal aspect of the forefoot, midfoot, over the 3rd metatarsal, 4th metatarsal and 5th metatarsal. Gait was not evaluated because the patient was not willing to bear weight and ambulate. **Assessment:** 1. Foot Sprain. 2. Ankle/foot pain. **Plan:** Claimant has a musculoskeletal injury for which a structured Physical Therapy program is medically necessary due to limited ROM, clinically relevant pain and gross swelling. This condition limits his ability to perform the essential functions of the job. Management will include modalities, massage, stretching/strengthening, in conjunction with therapeutic exercises. The program is anticipated to require 4-10 visits or less, depending on recovery and functional outcomes. The claimant may require additional visits, but only if objective improvements can be demonstrated. **Medication:** Anaprox DS 1 BID rx #20.

09/10/2013: Physical Therapy Initial Evaluation. **Assessment:** The patient examination is consistent with the medical diagnosis of acute left foot sprain with high reactivity. **Impairment List:** AROM, PROM, Pain, Muscle Performance, Joint Mobility, Gait. **Plan:** 3x/week for 2 weeks.

09/15/2013: Progress Notes. **Plan:** Upon review of the PT records and examining the claimant, the structured physical therapy program has resulted in approximately 25% improvement and achievement of the initial goals. The claimant continues to have limited ROM and clinically relevant pain and is unable to perform the essential functions of the job. Therefore, it is medically necessary to continue the structured PT program, with the goals of symptom resolution focusing on functional outcomes and return to regular work. Discontinue Ibuprofen 800mg. Claimant is to limit climbing stairs and ladders and squatting and kneeling. Claimant should be sitting 50% of the time. Claimant is to limit walking to 30 minutes per hour and begin partial wt bearing as tolerated and to rely less on the crutches. Claimant is to continue to use crutches 50%.

09/20/2013: Progress Notes. Claimant feels the pattern of symptoms is improving and feels better. **Plan:** Continue previously-ordered prescription medications. Continue with the previous therapy schedule.

10/04/2013: Progress Notes. **Plan:** Claimant has demonstrated progress towards functional goals and would benefit from 2 additional visits. Claimant was instructed to continue the Home Exercise Program as previously instructed. Discontinue previous medication. Claimant may return to full activity with no restriction. Recheck in 1 week.

10/18/2013: Progress notes. **HPI:** Claimant has been working their regular duty. The pain is located on dorsal aspect of the left foot. Had increase in pain following

stepping down into service bay with left foot. The symptoms are exacerbated by prolonged standing or walking. **Plan:** Medications: Ibuprofen 800 mg, continue with previous therapy schedule. Home exercise program as instructed.

11/01/2013: Progress Notes. **HPI:** Claimant has had physical therapy 12 times and has plateaued and not progressing. Claimant c/o mild to moderate pain on dorsal surface of left foot near 3rd and 4th Metatarsal. Associated pain and swelling on dorsal surface of foot, worse after prolonged standing and walking at work. **PE:** Left foot: Severe tenderness of 3rd and 4th MT. No swelling noted. Achilles intact. Full ROM. Left ankle: No swelling. No malleolar tenderness. Full ROM. **Assessment:** Left foot sprain not improving as expected. Possible internal derangement. Referred for MRI of the left foot for possible evaluation of internal derangement and ligament injury.

11/08/2013: MRI Left Foot. **Impression:** Unremarkable MRI of the foot.

11/20/2013: Office Visit. **PE:** Tenderness to palpation 3rd metatarsal cuneiform joint, left. ROM is normal without pain. **Left Foot X-Ray dated 11/20/13:** Three views reveal no significant increase in soft tissue edema or density is noted. Bone stock is within normal limits, joint congruent and symmetrical. There is remodeling noted to 3rd metatarsal consisting with old injury. **Assessment:** Arthralgia. **Comments:** I do suspect that he had a Lisfranc injury. In order to diagnose I performed a diagnostic injection into 3rd met-cunfieform joint. He felt immediate pain relief.

12/06/2013: Podiatry Office visit. **HPI:** The claimant states that the injection did help significantly and he was pain free for 4-6 hours. **PE:** Joint ROM normal, without crepitus or pain. Tenderness to palpation 2nd, 3rd, and 4th metatarsal cuneiform joint, left. **Assessment/Plan:** Assessed Arthralgia. Unchanged. **Comments:** Recommendation of arthrodesis of second, third and fourth metatarsocuneiform joints. He will be nonweightbearing for about 6-8 weeks with a knee scooter and crutches. He is to elevate for 45 minutes per hour. Discussed the importance of smoking cessation. He will take Lovenox 40 for 2 weeks for DVT prophylaxis.

12/13/2013: UR. Rational for Denial: **Tarso Metatarsal Arthrodesis Left Foot:** Applicable clinical practice guidelines support fusion of the tarsal-metatarsal joints of the foot when pain aggravated by activity and weight bearing persists despite immobilization or medication and pain is relieved by anesthetic injection and there is malalignment and decreased range of motion, and diagnostic imaging. This individual injured his left foot only 3 months ago and complains of persistent midfoot area pain and he has variable tenderness involving the 3rd or the 2nd-3rd-4th metatarsal cuneiform joints on different dates, and an injection of the 3rd metatarsal cuneiform joint was said to have produced several hours of symptom relief, but the records describe normal alignment and normal joint motion without crepitus or pain involving all joints of his foot and x-rays are said to show no abnormality except an old injury to the 3rd metatarsal, and an MRI did not show significant abnormality, so the medical necessity for left

Lisfranc (tarsometatarsal) joint-joints arthrodesis (fusion) is not clearly established. **Knee scooter:** There has not been a report that crutches are not sufficient so the medical necessity for a knee scooter is not clearly demonstrated.

12/20/2013: Office visit. **Medications:** Norco 5-325 MG, Promethazine HCL 25mg tabs, Lovenox 40Mg. **PE:** Tenderness to palpation 2nd, 3rd, 4th metatarsal cuneiform joint, left but mainly to 3rd met-cuneiform joint with hypermobility to midtarsal joints. **Orders:** Joint injection/aspiration small, Drug Decadron 1 mg, Drug Kenalog per 10mg. Claimant was given injection of 1% lidocaine and .25% Marcaine, 5cc Decadron and .5cc Kenalog 4mg into claimants 3rd metatarsal cuneiform joints. Claimant felt immediate pain relief.

01/23/2014: Podiatry Office visit. **Left Foot X-Ray dated 01/23/14:** Impression: Three views reveal no significant increase in soft tissue edema or density is noted. Bone stock is within normal limits, joint spaces congruent and symmetrical. There is remodeling noted to 3rd metatarsal consisting with previous injury. **Assessment/Plan:** Hypermobility Syndrome. **Orders:** MRI Foot w/o contrast.

02/05/2014: CT Left Foot. **Impression:** 1. Type II accessory navicular bone. 2. Mild osteoarthritis of the first metatarsophalangeal joint. A

02/11/2014: UR. Rational for Denial: **Tarso Metatarsal Arthrodesis Left Foot:** The record indicates that conservative treatment has included 3 or 4 weeks in a CAM boot, a course of physical therapy, and a diagnostic and therapeutic injection. The record also provides a CT result from February 2014 that does not support the diagnosis. Additionally, there are multiple references to an MRI that has been performed, and more recently, ordered, but without any documentation of results. It is unclear if this study was not requested or if the results are just not provided. When noting that the record does not provide evidence of any imaging study results that support the diagnosis being used for the surgical recommendation (i.e. a fracture, or widening noted to evidence a dislocation or ligament injury), and that there is no documentation of the MRI study results, there is insufficient clinical data present to support the diagnosis for which a fusion is being recommended. In the absence of sufficient clinical data, a clinical indication does not exist to proceed with fusion at this time. Therefore, the request is recommended for non-certification. **DME-Crutches ad Knee Scooter:** Treatment guidelines support crutches or a scooter when a prolonged period of non-weight bearing is required as part of the postoperative recover, following a procedure requiring non-weight bearing. However, when noting that there is no clinical indication at this time for the above noted surgical intervention, the requested NWB Crutches and Knee scooter would not be considered medically necessary or appropriate at this time. As such, this request is recommended for non-certification.

02/13/2014: Progress Notes. Claimant reported the pattern of symptoms are unchanged. Claimant is taking ibuprofen with some relief but doesn't feel the

tramadol is helping. Claimant is working with restriction and tolerating. Claimant recently had a CT of his foot but does not know the results.

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

The previous adverse determinations are upheld. ODG recommends arthrodesis to treat non or malunion of a fracture or traumatic arthritis. The records provided do indicate a trial of conservative treatment was tried including immobilization with a CAM boot, physical therapy and medication. The records also indicate the claimant has complaints of pain aggravated by activity and weight-bearing and that relief was found with injections. However, there are no objective clinical findings of malalignment and no documented decreased ROM. There are no X-rays or imaging studies (MRI and CT Scan) showing injury to any of the Tarso-Metatarsal joints. Therefore, the request for Tarso-Metatarsal Arthrodesis (Lapidus Plate/4-0 Cannulated Screw/Staple) is not found to be medically necessary. The request for DME-Crutches and Knee Scooter are supported by the ODG when a prolonged period of non-weight bearing is required as part of the postoperative recover, however, as the surgery has not been found medically necessary, the request for DME-Crutches and Knee Scooter would also not be medically necessary.

ODG Guidelines

ODG Indications for Surgery™ -- Ankle Fusion:
Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:
1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:
2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:
3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:
4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.
Procedures Not supported: Intertarsal or subtalar fusion, except for stage 3 or 4 adult acquired flatfoot. (Washington, 2002) (Kennedy, 2003) (Rockett, 2001) (Raikin, 2003)
For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

Lisfranc injury (surgery)	Recommend surgery if there is a fracture in the joints of the midfoot or abnormal positioning of the joints. The Lisfranc fracture is an injury of the foot in which one or all of the metatarsal bones are displaced from the tarsus. Direct injuries are usually caused by a heavy object crushing the midfoot, such as when the foot is run over by a car or after a fall. Indirect Lisfranc injuries are caused by a sudden rotational force on a plantar flexed forefoot, such as from windsurfing or snowboarding bindings. If there are no fractures in the joint and the dislocation is less than 2 mm, and the ligaments are not completely torn, nonsurgical treatment may be considered, including wearing a non-weightbearing cast for 6 weeks. For most Lisfranc injuries, open reduction with internal fixation (ORIF) and temporary screw or Kirschner wire (K-wire) fixation is recommended. Surgery is recommended for all injuries with a fracture in the joints of the midfoot or with abnormal positioning (subluxation) of the joints. Successful closed reduction of displaced Lisfranc dislocations is quite rare. If the injury is severe and has damage that cannot
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	be repaired with screws or plates or when the ligaments are severely ruptured, or when there is severe post-traumatic arthritis of the joint, fusion (arthrodesis) may be recommended. (Stavlas, 2010) (Watson, 2010) (Chaney, 2010) (Panagakos, 2012)
Walking aids (canes, crutches, braces, orthoses, & walkers)	Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. See the Knee Chapter .

Walking aids (canes, crutches, braces, orthoses, & walkers)	<p>Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. (Reeves, 2011) See also U-Step walker.</p>
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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 (PROVIDE A DESCRIPTION)**