

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/18/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Left 1-3 Tarsometatarsal Joint Fusion and Pin Removal

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)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. The patient injured his left foot and low back. On 07/05/12, the claimant underwent an ORIF at the 1st, 2nd, and 3rd tarsal metatarsal fractures. He subsequently underwent hardware removal on 02/12/13. Records indicate that the hardware removal involved removal of a plate and broken screws. The most recent progress note dated 01/06/14 notes that some hardware removal of a loose plate was performed, but a lot of hardware was kept intact. The claimant continues with a lot of pain likely due to arthritic changes evident on x-ray. The claimant was offered a fusion. No detailed physical examination findings were provided. The last physical examination with specific findings was dated 04/08/13 which noted no signs of infection; some stiffness; the claimant has movement of the EHL, but not full range of motion likely due to scar formation. Also noted was brisk capillary refill to all toes of the left foot and neural sensation intact.

A request for outpatient left 1-3 tarsal metatarsal joint fusion and pin removal was non-certified per the determination dated 01/10/14, noting that evidence based guidelines (Wheeless' Textbook of Orthopedics) recommends physical findings should include pain and swelling in the mid foot with tenderness along the Lisfranc joint, tenderness with passive abduction and pronation of the forefoot, diminished absent dorsalis pedis. The adverse determination noted that documentation submitted for review did not provide any physical findings to support surgical intervention. Furthermore, there was no imaging studies

submitted for review to provide evidence of post-traumatic arthritic changes that would support the intervention.

An appeal request for outpatient left 1-3 tarsal metatarsal joint fusion and pin removal was non-certified per determination dated 02/18/14. It was noted that an updated medical report with recent comprehensive physical examination of the left foot still was not provided, and no recent imaging studies were provided with evidence of post-traumatic arthritic changes. Therefore, the previous denial was upheld.

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

The clinical data submitted reflects that the claimant injured his left foot secondary to a fall. He is status post ORIF at the 1st, 2nd, and 3rd tarsal metatarsal fractures and left medial cuneiform fracture. The claimant also is status post hardware removal on 02/12/13 with removal of a plate and fractured screws, but with other hardware still retained. There was documentation that the claimant also participated in physical therapy as well as individual psychotherapy utilizing cognitive behavioral techniques. The claimant was seen on 01/06/14 and was noted to continue with pain. No detailed physical examination findings were included at this time, and no radiology reports were submitted for review. As such, medical necessity has not been established for the requested outpatient left 1-3 tarsal metatarsal joint fusion and pin removal. It is the opinion of this reviewer that the previous denials were correctly determined and should be upheld on IRO.

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)