

# Applied Resolutions LLC

## Notice of Independent Review Decision

Case Number:

Date of Notice: 03/13/2015

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### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

### **Description of the service or services in dispute:**

Achilles tendon repair alloderm PRP sural nerve decompression implantation  
Right foot/ankle

**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)

Copy of ODG Ankle and Foot Guidelines

### **Patient Clinical History (Summary)**

This patient is a male with complaints of ankle and foot pain. On 06/03/13, he was taken to surgery for repair of a right Achilles tendon rupture. On 11/25/14, he was seen in clinic and it was noted that he had a healed right Achilles tendon repair with hypertrophic scar to the skin and some skin adhesion to the underlying tendon sheath. It was noted that the provider did not recommend repeat surgery at that time as there was little to gain. On 01/23/15, a nerve conduction study was performed showing severe lower peripheral neuropathy and possible right lumbosacral radiculopathy by an asymmetric H-reflex. On exam percussion of the tarsal tunnel revealed abnormal Tinel's sign on the right extremity and he had tendinosis with moderate adhesions with deformity of the right Achilles tendon with equinus and abnormal thickness. Assessment was entrapment of the sural nerve versus neurectomy right lower extremity.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

On 12/29/14, a notification of adverse determination for the requested surgery was submitted for an Achilles tendon repair AlloDerm, PRP, and sural nerve decompression implantation and the rationale given was that there is a lack of documentation indicating the patient's functional deficits to include range of motion value and degrees and there was a lack of documentation related to conservative care to include physical therapy. There was a lack of documentation of diagnostic studies visualizing the right ankle postoperatively. The recommendation was for non-certification. On 01/15/15, a notification of reconsideration determination for the requested surgery noted there was no postoperative imaging including an MRI and there was no postoperative electrodiagnostic testing submitted for review to support the necessity for nerve decompression. It was also noted that regarding platelet rich plasma, guidelines do not recommend that procedure for chronic Achilles tendon disorder or tendinopathy. Furthermore, there is no rationale presented regarding the need for additional surgery after non-resolution with the 1st surgery.

A peer-to-peer was performed without additional clinical information being provided. The records submitted for this review indicate that there is evidence of failure with therapy, noting the date of the visit was 02/17/15 and a total of 2 treatment sessions had been provided. This was not indicative of significant conservative care. The orthopedic surgeon noted no additional surgery would be warranted. There are no electrodiagnostic studies indicating sural nerve pathology. The electrodiagnostic study reveals evidence of severe lower peripheral neuropathy and possible right lumbosacral radiculopathy by an asymmetric H-reflex. There was no indication of imaging to demonstrate a necessity for a tendon repair. Guidelines do not support PRP. Therefore it is the opinion of this reviewer that the request for an Achilles tendon repair, AlloDerm, PRP, sural nerve decompression implantation to the right foot and ankle is not medically necessary 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 and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines

- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)