

AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: March 10, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Flexor Tendon Repair To Include CPT Code 27659

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

This physician is Board Certified in Orthopaedic Surgery with over 15 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx in a slip and fall. The claimant stated that while at work and walking down the hall she lost balance and fell with no prior history of chronic falls.

11-03-14: Visit. CC: injury, soft tissue injury to right foot, 8/10 pain. HT: 62 in, WT: 236 lbs, BMI: 43.1. Claimant stated she is having trouble bearing weight, not significant but mild. She stated that she can walk but favors walking on the heel and the distal part of the foot mainly the plantar aspect of the foot hurts. Typical inversion injury. PE: Musculoskeletal Exam: Claimant walks without difficulty and baseline ambulation status is normal. There is mild to moderate joint pain with movement of the ball of the right foot noted. Moderately tender to palpation over the ball of the right foot. No evidence of soft tissue swelling over the ball of right foot and no palpable effusion over the ball of the right foot. The overall exam surrounding the ball of the right foot is consistent with a mild to

moderate sprain/strain. The claimant has mild to moderate joint pain with movement of the dorsum of right foot. Moderately tender to palpation over the dorsum of right foot. The overall exam surrounding the dorsum of right foot is consistent with a mild to moderate sprain/strain. Orders: X-ray of right foot 3 views, CAM walking boot to right lower extremity. Tests and Results: X-ray right foot: no radiographic evidence of acute fracture, normal joint space. There is a bony spur noted over the posterior portion of the calcaneus. Diagnosis and Plan: Morbid obesity 278.01, Hypertension 401.9, Perimenopausal 627.2, Moderate elevation of systolic pressure this visit 796.2, Ankle injury 959.7, Ankle pain 729.5, Calcaneal bony spur 726.73, Soft tissue injury right foot 959.8, fall on level ground E885.9, pain with movement of ball of right foot 719.47, sprain/strain of the ball of right foot 845.10. RX: Naprosyn 500mg. RICE and CAM walking boot, recheck in 1 week if not better sooner etc.

11-07-14: Visit. CC: injury recheck – right foot, WC visit. Claimant stated that the pain and swelling have increased and is currently in a CAM walking boot and now is unable to bear weight to right foot. PE: Musculoskeletal: The claimant has mild to moderate joint pain with movement of the dorsum of right foot. Moderately tender to palpation over the dorsum of right foot. Exam over the dorsum of right foot showed a mild to moderate amount of swelling. The area over the dorsum of right foot is consistent with a mild to moderate contusion and a very significant strain/sprain to this joint. Orders: MRI right foot, ortho referral. Diagnosis and Plan: Morbid obesity 278.01, Hypertension 401.9, Wound/cast check V67.00, Pain with movement of dorsum of right foot 719.47, Swelling of dorsum of right foot 719.07, Contusion of dorsum of right foot 924.20, Significant strain/sprain of the dorsum of right foot, Peroneus longus tendon tear 845.11. RX: Tylenol-codeine #3. 2 hours maximum walking, 2 hours maximum climbing stairs/ladders. Must wear CAM walking boot all the time right foot ligament tear 11/10/14 ortho associated.

11-07-14: MRI Lower Ext (Foot) WO Contrast RT 1. Impression: 1. No evidence of occult right foot fracture. 2. Signal associated with the peroneus longus tendon, question partial tear. Correlate with lateral-sided pain. 3. Mild soft tissue swelling.

11-19-14: Office Visit. CC: right foot pain. PE: Exam of right foot, claimant is tender over the insertion of the peroneus brevis tendon but mild swelling and swelling over the dorsal hind foot but no pain there. Strength 5/5 with ankle dorsi and plantar flexion and inversion/eversion. Negative anterior drawer. Imaging: Right foot X-Ray WB Foot 3 VW showed no fractures or dislocations. It does show a large os peroneum. MRI of the right foot showed fluid in the peroneal tendon sheath but no obvious tears. Impression: Right foot sprain. Plan: It is difficult to tell if there is a tear at the insertion of the peroneal tendons so we will treat with PT and she can wean out of the boot and into a regular shoe. Return in one month.

11-19-14: Physical Therapy Order: Right Foot. DX: sprain of foot NOS 845.10. PT: right foot. Modalities ordered: as indicated, E-Stim, iontophoresis and

phonophoresis. Exercises ordered: strengthening, stretching, teach home exercise and proprioception. Frequency: 3 times per week for 6 weeks.

12-05-14: Initial Evaluation. Observation: Guarded gait with compensatory movement and decreased weight bearing through involved right lower extremity. Palpation/Pain: Claimant reported pain 5-7/10 now and 8-9/10 at worst. She stated the pain is constant and is described as shooting and aching in the right foot. Increased factors are walking, weight bearing, bending foot, and sitting with foot on floor. Decreasing factors are elevation of the right foot. Tenderness to palpation over the right inferior lateral aspect with exquisite tenderness over the calcaneofibular ligament. Function Eval: Claimant cannot or has difficulty performing the following functional activities: ambulating down stairs, ambulating up stairs, and single leg standing and full weight acceptance on the right lower extremity. She has decreased gripping ability with the right toes. AROM: ankle dorsi flexion: L 10, R 6; ankle plantar flexion: L 45, R 45; ankle inversion: L 45, R 40; ankle eversion: L 30, R 20. PROM: pain with passive overpressure inversion on the right. Single leg stance positive with R deficit. Assessment: Claimant has a primary diagnosis of sprain of right foot. She demonstrated the following deficits that can be addressed by PT: impaired joint mobility, motor function, muscle performance and ROM associated with ligament, muscle, tendon and/or other connective tissue disorders. Reason to Treat: According to the Guide to PT Practice, this claimant's condition falls under the Musculoskeletal Practice Pattern E: Impaired joint mobility, motor function, muscle performance, and ROM associated with connective tissue dysfunction. The expected range of number of visits per episode of care is 3-36 visits. Plan: Claimant will attend skilled therapy 3 xs weekly for 4 weeks. Plan of care to include re-evaluations, manual therapy (joint mobilization/manipulations, soft tissue mobilization, and muscle energy techniques), therapeutic exercise, therapeutic activities, neuromuscular re-education, ultrasound, and electrical stimulation per need for pain. Functional Level: Claimant self rated the Lower extremity Scale as 30/80 upon initial assessment.

12-23-14: Visit Note. Claimant continued to have pain and stated that PT has helped a little. She noted that since PT she has numbness in her foot. PE: Exam of the right foot, she is tender over the peroneal tendon insertion as well as along the posterior aspect of the lateral ankle along the peroneal tendon sheath. Impression: Right sprain of foot NOS. Plan: Cortisone injection offered. Claimant stated she wanted to proceed with injection and will continue PT. Return in 6 weeks. If continued pain we will discuss surgery for peroneal tendon repair.

01-07-15: Visit Note. Claimant presented with continued pain despite going to PT and having a Cortisone injection. She stated the pain is worse the longer she is on her feet during the day. Pain is on the lateral side of the ankle and extending into the lateral hind foot and heel. She does experience swelling as well when on her feet a lot. PE: right ankle and foot showed minimal swelling but she is tender around the lateral ankle at the ATFL/CFL region and also pain in the peroneal tendon sheath just behind the tip of lateral malleolus. She has minimal pain over

the lateral hind foot. Impression: Right sprain of foot NOS. Plan: Reviewed previous x-rays and MRI and the MRI of her foot showed maybe mild fluid accumulation in the peroneal tendon sheath but no tears. Her pain is more proximal than this. Recommend MRI of the ankle for concern of possible peroneal tendon tear at the ankle level.

01-15-15: MRI Right Ankle. Impression: 1. Interstitial tendinopathy of both the peroneus brevis and longus with mild reactive tenosynovitis, note partial or split tearing. 2. Prominent fluid extends posteriorly from the posterior subtalar joint, image 10 of series 2. 3. No evidence for internal derangement.

01-16-15: Visit Note. Claimant presented for a Cortisone injection in the peroneal tendon sheath. She continued to have pain over the lateral aspect of her right ankle. PE: Exam of her right ankle, she is tender over the peroneal tendon sheath with no swelling. Strength 5/5 with ankle dorsi and plantar flexion and inversion/eversion. Impression: Right joint pain-ankle. Plan: Cortisone injections given in the peroneal tendon just a little more proximal than before. She has a visit scheduled for 2 weeks to evaluate if the injection is working or not.

02-02-15: Letter of Recommendation. Claimant continued to have localized pain over the posterolateral aspect of the right ankle and clinical findings consistent with peroneal tendon injury. The pain and swelling continue despite immobilization and physical therapy and even 2 separate Cortisone injections. She has pain which limits her ability to do not only work activities but also activities of daily living. She has an MRI from 1/15/15 which showed fluid within the peroneal tendon sheath and thickening of the peroneal tendons but no obvious tear but clinically I think she probably does have a tear that did not show up clearly on the MRI and this sometimes does happen. Nevertheless, due to the fact that the MRU did not specifically mention a tear, she has been denied approval for a peroneal tendon exploration and repair. We recommend this request be reviewed once more in light of the fact that clinically she is no better and she has consistent, localized pain in the area of the peroneal tendon sheath and she has failed appropriate, conservative treatment measures as detailed above.

02-02-15: UR. Reason for denial: The claimant's height and weight was not documented. On January 7, 2015, stated in his noted that he needed an ankle MRI because he was worried about a peroneal tendon tear at the ankle. According to the given height of 5 foot and 5 inches and approximate weight of 250 lbs, provided they are accurate, the claimant's BMI would be 41.6 which is in the morbidly obese category. The right ankle MRI dated 1/15/15 showed mild increased signal present within the peroneous longus and brevis tendons and tendon sheath without a tear. It would be extremely difficult for me to approve a surgery on what may be a morbidly obese claimant in a weight bearing area without clear evidence of significant pathology. A large weight loss would certainly be indicated prior to considering surgery. The request should not be certified. Surgery is recommended as an option for a ruptured peroneal tendon and would be indicated in the acute phase for a peroneus brevis tendon rupture,

acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. The MRI indicated the flexor and extensor tendons were intact with questionable signal intensity in the peroneus longus tendon distally. Decreased function was not noted on physical examination. Failure of an appropriate amount of conservative treatment including physical therapy, oral medications, and a home exercise program was not noted. The request for a right flexor tendon repair is not certified.

02-09-15: UR. Reason for denial: This is a non-certification of a request for reconsideration of a right flexor tendon repair. The previous non-certification on 1/30/14 was due to lack of clear evidence of significant pathology and lack of an appropriate BMI. The previous non-certification is supported. Additional records included a letter of appeal. Surgery for peroneal tendon repair would be supported as an option for a tendon rupture and large tears. The records did not document significant pathology of the peroneal tendon and there was no documentation of rupture or large tears. The request for reconsideration of a right flexor tendon repair is not certified.

02-13-15: Visit. CC: injury, soft tissue injury to right foot. HT: 62 in, WT: 254 lbs, BMI: 46.4. Claimant presented for a follow up after dx with the foot possible peroneus tear and has been doing the PT for 2 months and had another MRI of the foot and ankle a week ago with the same findings. She stated that she is requesting a different ortho referral as she is not happy with her progress. She has been denied for surgery. She stated is still has continued pain in the right foot and ankle and is mainly on the lateral aspect and cannot stand or walk without pain. She is unable to do shores and grocery shop due to pain when walking. PE: Musculoskeletal Exam: The claimant has mild to moderate joint pain with movement of the lateral aspect right heel. Moderately tender to palpation over the lateral aspect right heel. Exam over the lateral aspect right heel showed a mild to moderate amount of swelling and is consistent with a mild to moderate sprain/strain. Diagnosis and Plan: Peroneus longus muscle tear, soft tissue injury right foot 959.8, pain with movement of lateral aspect right heel 719.47, swelling of the lateral aspect right heel 719.07, sprain/strain of the lateral aspect right heel 845.10. 2 hours maximum standing, 2 hours maximum sitting, 0 hours maximum kneeling/squatting, 0 hours maximum bending/stooping, 0 hours maximum pushing/pulling, 0 hours maximum twisting, restrictions specific to right foot/ankle: 2 hours maximum walking, 0 hours maximum climbing stairs/ladders. Must wear splint/cast at work, to wear CAM walking boot to the right foot; right foot muscle tear (peroneus longus);. Will refer for further as claimant awaits surgery for the muscle tear.

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

Previous adverse determinations are upheld and agreed upon. The claimant does not require a right flexor tendon repair (CPT 27659). Her MRI studies do not indicate any tears within the peroneal tendons. The 11/7/2014 right foot MRI demonstrated increased signal within the peroneus longus tendon, consistent with

tendonitis. The 1/15/2015 right ankle MRI demonstrated increased signal within the peroneus longus and brevis tendons without a tear. Surgical repair is not required for the tendonitis identified on both MRI studies. The records reviewed do not indicate any history of complaints of peroneal tendon instability. Furthermore, a January 2015 office note documented ankle eversion and inversion strength graded 5/5. The requested surgical procedure is not medically necessary. Therefore after reviewing the medical record and documentation provided, the request for Right Flexor Tendon Repair To Include CPT Code 27659 is denied.

Per ODG:

<p>Peroneal tendonitis/ tendon rupture (treatment)</p>	<p>Recommend conservative treatment for tendinitis, and surgery as an option for a ruptured tendon. Patients with peroneal tendonitis, but no significant peroneal tendon tear, can usually be treated successfully non-operatively. In patients with a large peroneal tendon tear or a bony prominence that is serving as a physical irritant to the tendon, surgery may be beneficial. Peroneal tendonitis is an irritation to the tendons that run past the back outside part of the ankle, and it is a common cause of lateral ankle pain. Commonly it is an overuse condition that responds to conservative treatment, but if it is left untreated it can progress to a complete tendon rupture. Predisposing factors for peroneal tendonitis and rupture include varus alignment of the hindfoot and peroneal subluxation and dislocation. Participation in certain sports, including downhill skiing, skating, ballet, running and soccer creates higher risk for peroneal tendon tears. If caught early, peroneal tendonitis or instability may be treated conservatively with NSAIDs, immobilization and avoidance of exacerbating activities. Once secondary changes in the tendon occur, however, surgical treatment often becomes necessary. Surgery is indicated in the acute phase for peroneus brevis tendon rupture, acute dislocation, anomalous peroneal brevis muscle hypertrophy, and in peroneus longus tears that are associated with diminished function. (Cerrato, 2009)</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)**