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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/26/2015

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:

Removal of hardware right calcaneus 20680
Arthrodesis of right subtalar
Joint 28725 / Achilles Tendon Lengthening
27685 / Harvesting and Application
of Platelet Rich Plasma right 20926

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)

Patient Clinical History (Summary)

The patient is a male with complaints of foot and ankle pain. On 02/03/14, the patient was seen in clinic status post right foot fracture. He fractured his right calcaneus with closed fracture. Trauma occurred due to fall from ladder at work on 01/15/14. He was treated with ORIF. On 05/09/14, the claimant continued with physical therapy at rehab management. On 10/02/14, CT of the right ankle revealed the patient to be status post ORIF for comminuted calcaneal fracture without evidence of two of acute injury or hardware failure. There was mild disuse osteopenia and degenerative changes of the subtalar joint and specially of the posterior aspect. On 10/24/14, the patient returned to clinic complaining of right foot pain. He had been taking tramadol but stated that did not cover his pain. Pain was rated 6/10. He had 1-2/5 edema to the right hindfoot and 6+/10 pain on palpation of the right lateral heel along the subtalar joint. Range of motion was painful at the subtalar joint. Plan was to take him to surgery for removal of painful retained hardware with arthrodesis of the right subtalar joint and Achilles tendon lengthening and harvesting and application of platelet rich plasma to the right lower extremity.

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

On 10/29/14, a notification of adverse determination was submitted. CT scan of the right ankle on 10/02/14 was reviewed, but there is lack of evidence of recent attempt of any conservative care as the most recent physical therapy note was documented on five in February and May of 2014. There is no mention of an intent that immobilization with casting, bracing, or shoe modification or orthotics, and no x-rays or imaging studies provided indicating loss of articular cartilage, bone deformity, or non-union of a fracture.

Therefore the requested service was not medically necessary. On 12/02/14, a notification of reconsideration determination was submitted in which it was noted that on 05/02/14 x-rays obtained in the office revealed evidence of fracture healing and normal alignment. Additional clinic information failed to provide evidence of a recent attempt at conservative treatment in the form of physical therapy and immobilization. There was a lack of clinical documentation of articular cartilage loss, bone deformity, and non-union of a fracture. With a peer to peer, no additional information was provided and the request was non-certified.

Clinical documentation submitted for review includes the 10/02/14 CT of the right ankle. This no evidence of hardware failure but there was mild disuse osteopenia and degenerative changes of the subtalar joint especially in the posterior aspect but this was not further clarified. There remains lack of clinical documentation of significant physical therapy in the recent past for this patient. The patient was taking tramadol for his pain and there is no indication of titration up to another medication. Therefore based on the records provided, it is the opinion of this reviewer that the request is not medically necessary and 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 AHCPH-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)