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An Independent Review Organization

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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:

Claw Toes X 5

Arthrodesis Left Great Toe Interphalangeal Joint

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 who sustained an injury on xx/xx/xx of multiple fractures to the left lower extremity and T12 compression fracture and injuries to the low back and left shoulder. This was due to the patient being struck by a vehicle. The patient was followed for chronic complaints of pain in the left lower leg and foot. The patient was described as having claw toe deformities in the left foot. Updated MRI of the left foot was ordered on 11/06/14. The patient was referred for orthopedic evaluation. The patient was evaluated on 11/21/14. The patient described difficulty walking and ambulating due to pain in the left foot due to claw toe deformities. Physical examination noted callus over the interphalangeal joint of the hallux with tenderness to palpation. There were smaller callus formations of the small toe with associated tenderness. In resting position the toes appeared normal however with ankle flexion there was clawing of the toes that was painful. Radiographs were reported to show some mild degenerative disease in the hallux interphalangeal joint. Recommendations were for soft tissue release of the claw toe deformities with fusion of the hallux interphalangeal joint. The appeal from doctor session the appeal updated for the 11/21/14 evaluation noted the patient tried shoe wear modifications and orthotics with no benefit. Anti-inflammatories and narcotics were utilized and physical therapy. The patient did not receive any long term results from this treatment. It was unclear if the patient ever had prior steroid injections for the interphalangeal joint; however, felt that it would not reasonably alleviate the symptoms in the long term. The requested release of claw toe deformities and fusion of the left great toe at the interphalangeal joint was denied on 12/02/14 as there was limited clinical documentation of failure of non-operative treatment. The requests were again denied on 12/30/14 as there was limited clinical documentation of injection or use of orthotic devices and bracing and shoe modifications.

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

The patient continues to have complaints of pain in the left foot ankle due to claw toe deformities on flexion and tenderness at the left great toe interphalangeal joint. addendum the patient failed conservative treatment including bracing splinting shoe modification and orthotics. indicated that he was unsure regarding the prior injection therapy. No updated imaging studies of the left ankle and foot were available for review to determine the extent of osteoarthritis that may be present at the interphalangeal joint of the left great toe. Given the lack of clinical documentation regarding response to diagnostic steroid injections at the claw toes and interphalangeal joint it is the opinion of this reviewer that medical necessity is not established at this time. Therefore this reviewer therefore the prior denials remain 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)