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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/06/2015

Review Outcome:

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

General Surgery

Description of the service or services in dispute:

Resection Fibro-cartilag coalition between calcaneo-navicular bones
Right foot

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)

This patient is a male. On 07/30/13, the patient was seen in clinic for evaluation. He stated that he had a heavy outrigger come down and crushed the top of his right foot. On exam, he had pain to palpation in the 1st intermetatarsal space, and he had an antalgic gait. He had mild edema at the 1st and 2nd TMTJ. X-rays of the right foot revealed a small bone fragment at the lateral aspect of the talar head. There was abnormal alignment of the 1st tarsal metatarsal joint. On 08/15/13, an MRI of the right ankle was obtained revealing what appeared to be fibro and possible osseous coalition changes along the lateral margins of the navicular and anterolateral process of the calcaneus, with minimal soft tissue edematous change. Remodeling of the navicular and talar margin of the talonavicular articulation at the mid and medial margins was noted. It was also noted there may be some mild reactive bone marrow edema in the anteromedial margins of the navicular as well. There were no areas of acute bone marrow edema to suggest a crush injury or sequela of a crush injury, and ligament structures about the ankle were preserved. The chondral surfaces of the tibial plafond and talar dome and subtalar margins were maintained. On 09/16/13, a CT of the foot revealed a small lateral talar head evulsion fracture present, close to the attachment of the interosseous talocalcaneal ligament adjacent to the course of the anterior tarsal tunnel and deep peroneal nerve. There was a fatty replacement of the distal flexor hallucis longus muscle and there was thickening of the Achilles tendon incidentally noted. On 12/30/14, x-rays of the right ankle and heel revealed no evidence for right ankle or right calcaneus fractures or dislocations, inflammatory destructive or degenerative changes. Ankle mortis appeared adequately maintained. It was noted the patient had pain in the region of the lateral malleolus of the ankle which showed minimal soft tissue swelling but the exam was otherwise negative. There were no spurs noted at the base of the calcaneus. On 02/17/15, the patient was seen in clinic and reported pain to the right foot, ankle, and arch. Objectively, there was severe subtalar joint pronation of the right greater than left foot with collapse of the longitudinal arch. There was pain on weight bearing and during ambulation. Surgery was recommended.

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

On 02/27/15, a utilization review report non-certified the request for resection of fibrocartilage coalition between the calcaneal navicular bones of the right foot. It was noted there was a lack of documentation showing that the patient had evidence of a fracture on imaging studies to support the requested intervention and there was lack of evidence showing the patient had any significant functional deficits to support the requested intervention. On 04/15/15, a utilization review determination also stated the request was non-certified. It was noted the clinical documentation submitted for review indicated the patient had significant pain despite multiple modalities of conservative care, however, there were no findings indicative of a calcaneal fracture. Therefore the request was non-certified.

The records submitted for this review include an electrodiagnostic study which shows no evidence of generalized peripheral neuropathy, plexopathy, or entrapments, and there was mild axonal injury to the right peroneal nerve with minimal active denervation and the superficial peroneal response had improved from the previous study. A CT scan dated 03/20/14 showed no evidence of fracture or osseous coalition and there were no loose bodies noted. Thus, without evidence of a calcaneal fracture on imaging studies, it is the recommendation of this reviewer that the request for resection of the fibrocartilage coalition between the calcaneal navicular bones of the right foot is not medically necessary and the previous determinations 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)