

# ***IRO Express Inc.***

***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:***

Right Achilles Tendon Debridement

***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 who was injured on xx/xx/xx when he missed a step landing awkwardly. The patient underwent prior surgery for right Achilles bursitis and tendinitis. The patient had prior physical therapy in 2013 and 2014. Despite physical therapy the patient reported continuing pain in posterior right heel. The patient was followed by with the 12/10/14 evaluation by noting continuing pain over lateral aspect of the Achilles tendon insertion and pain in the medial aspect of the Achilles tendon insertion progressing to the central portion of the tendon where he was previously asymptomatic. The patient was working full duty with pain significant significantly increasing by the end of the day. Physical examination noted point tenderness over the most lateral insertion of the Achilles tendon insertion. The patient was recommended for localized tendon debridement of the lateral aspect of the right Achilles tendon. This procedure was denied on 01/14/15 as there were no updated imaging studies available for review or failure of additional therapy activity modifications or injections. The request was again denied on 02/25/15 as there was no updated evaluations for the patient noting further failure of conservative treatment.

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

In review of the clinical documentation submitted for review the patient had persistent complaints of pain at the left at the right Achilles tendon insertion that progressed to central portion of the tendon. The clinical documentation submitted for review did not address concerns of prior review for lack of updated imaging studies or any indication of recent failure of conservative treatment. The last clinical evaluation was from in December of 2014 and there were no further clinical evaluations of this patient in regards to right Achilles tendon to support surgical intervention. Updated imaging studies identifying pathology were not available for review. Given the lack of clinical documentation of an updated evaluation of the patient as well as failure of recent conservative treatment and lack of updated imaging studies, it is the opinion of this reviewer that medical necessity is not established at this time 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)