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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthrodesis left foot third digit and release of toe joint

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

Orthopedic Physician

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 patient is a female who was diagnosed with closed displaced fracture of the proximal phalanx of the lesser toe of the left foot and left foot pain.

On XX/XX/XX, the patient was evaluated. She was doing better. She was no longer using the boot and stated that she only taped the toe down. She had no pain. Surgical history was notable for a left foot surgery in XXXX. Examination revealed full range of motion (ROM) without pain, swelling, redness, or warmth of the foot or ankle. The muscle strength was 5/5 in all muscle groups. There was tenderness on palpation of the left third digit proximal phalanx. XX diagnosed closed displaced fracture of the proximal phalanx of the lesser toe of the left foot and left foot pain. The patient was returned to regular physical activity. He was advised to follow up p.r.n.

On XX/XX/XX, a note documented that the patient was seen on many occasions for continued foot pain. She had been treated with conservative methods and continued to have pain. XX recommended arthrodesis of the left foot third digit and release of the toe joint. The diagnoses were closed displaced fracture of the proximal phalanx of the lesser toe of the left foot and left foot pain.

Per utilization review dated XX/XX/XX, XX denied the request for arthrodesis of left foot third digit and release of the toe joint.

On XX/XX/XX, XX performed a medical record review and documented diagnoses of displaced fracture of proximal phalanx of left lesser toe(s), initial encounter for closed fracture and pain in left foot, and denied the request for arthrodesis of the left foot third digit with the following rationale: *“The medical records provided did not document clinical information that would support the need to use the left third digit arthrodesis. As such, treatment is not medically necessary and non-certification is recommended.”* He also denied the request for release of toe joint with the following rationale: *“The medical record provided did not document clinical information with the medical rationale supporting the need to perform a release of a total joint without specify which joint and which toe. As such, treatment is not medically necessary and non-certification is recommended.”*

On XX/XX/XX, XX evaluated the patient. She was doing about the same and was no longer using the boot. At times it did hurt her a little bit. She was supposed to have surgery but was denied. She would like to see if the doctor could appeal. On examination, the left third toe revealed closed fracture of the proximal phalanx with tenderness on palpation of the left third digit. XX discussed with the patient that her x-ray looked good. She was healing as expected and could return to regular physical activities.

Per letter dated XX/XX/XX, XX appealed the denied services on behalf of the patient.

On XX/XX/XX, XX completed a peer review and upheld the denial of the requested services with the following rationale: *“The claimant is noted to be doing the same with no longer using the boot. She reports it does hurt a little at some times. An exam notes tenderness on palpation. However, there is limited x-ray evidence of a non-healed or severely arthritic fracture that requires surgical fixation. Therefore, arthrodesis of the left foot third digit and release of toe joint is not medically necessary.”*

Per utilization review dated XX/XX/XX, XX upheld the original non-certification.

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

Based on the Official Disability Guidelines the request for surgery would not be indicated. The records available for review provide no convincing evidence that the claimant has significant or sustained underlying osteoarthritic change to the third digit that would support the role of arthrodesis. There was documentation of a proximal phalanx fracture, which at last clinical assessment looked good on imaging for which the claimant was discharged from orthopedic and podiatry related care. There is no clinical evidence to support the role of advanced degenerative arthrosis to the third toe to support the role of fusion. This request for surgical intervention for the claimant would not be supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines Treatment in Workers Comp, 21th Edition, 2016 Updates:

Ankle chapter

Fusion (arthrodesis)

Recommended as indicated below. In painful hindfoot osteoarthritis the arthroscopic technique provides reliable fusion and high patient satisfaction with the advantages of a minimally invasive procedure. (Glanzmann, 2007) In stage III and IV adult acquired flatfoot due to posterior tibial tendon dysfunction, correcting and stabilizing arthrodeses are advised. (Kelly, 2001) Also see Surgery for calcaneal fractures; Surgery for posterior tibial tendon ruptures.

ODG Indications for Surgery² -- Ankle Fusion:

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:

2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:

3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:

4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.

Procedures Not supported: Intertarsal or subtalar fusion, except for stage 3 or 4 adult acquired flatfoot.

(Washington, 2002) (Kennedy, 2003) (Rockett, 2001) (Raikin, 2003)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).