



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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DATE OF REVIEW: 3/09/2016

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right calcaneal posterior tibialis debridement, FDL transfer, ligament repair possible lateral column lengthening.

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

M.D. Board Certified in Orthopedic Surgery and Sports Medicine.

REVIEW OUTCOME

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]

Patient is a male who sustained a twisting injury to the right ankle on XX/XX/XX. He has persistent pain in the right ankle and per the last clinic note on XX/XX/XX he walks with an antalgic gait, has tenderness over the posterior tibial tendon, has a flexible PES planovalgus deformity, and is unable to do a single leg heel raise on the right side. His x-rays were read by the physician as not having significant degenerative changes and no uncovering of the talus. His MRI on XX/XX/XX was read as having degenerative changes in the tibiotalar and subtalar joints with chondral thinning and subcortical cystic change as well as having synovitis of the tibiotalar, subtalar, and talonavicular joints. No evidence of posterior tibial tendonopathy or tendon injury was noted. The patient has been treated with medications, air casting, and with an orthotic. It seems as if he initially had some resolution of his acute symptoms per reports but then failed to progress after this initial improvement. He has been diagnosed with a posterior tibialis tendon tear and the request now is for surgery for a posterior tibialis tendon debridement, FDL transfer, calcaneal osteotomy and spring ligament repair.

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

Per ODG references, the requested" Outpatient Right calcaneal posterior tibialis debridement, FDL transfer, ligament repair, possible lateral column lengthening" is not medically necessary. The requested surgical procedure is not certified given the lack of evidence of posterior tibial tendon pathology on MRI with this appearing more as a degenerative joint disease problem. In addition, conservative treatment has not been exhausted as the patient has not had any documented attempt at physical



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therapy and he has not undergone a period of immobilization or used more substantial bracing.

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

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES