

# C-IRO Inc.

An Independent Review Organization

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**DATE NOTICE SENT TO ALL PARTIES:** Feb/22/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Midfoot; Osteotomy and Fusion

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Orthopedic Surgery

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for Midfoot; Osteotomy and Fusion is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. On XX/XX/XX, the patient was seen in clinic. It was noted he had type 2 diabetes and had been referred for uncontrolled diabetes. Past surgical history was a toe amputation of the right great toe. On physical examination, he had swelling to the left foot with increased erythema. On XX/XX/XX, a CT of the lower extremity revealed a Lisfranc fracture dislocation complex, with dorsal subluxation and dislocation between the navicular bone and the cuneiform bone.

The remainder of the exam is in poor copy quality and is illegible. On XX/XX/XX, the patient returned to clinic. He reported problems with his left foot, and was completely dependent on a walker for support to take the pressure off the plantar wound. The plan was to get the wound to heal, but he was frustrated with repeat denials of surgical management. On exam, there was severe rock bottom deformity noted with significant prominence of the plantar lateral hind foot. The plantar wound had healed. There was overlying thick callus without evidence of drainage or infection. Lateral ankle laxity was noted but no instability was seen throughout the mid foot. Sensation was decreased throughout.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On XX/XX/XX, a notification of adverse determination was submitted for the requested midfoot osteotomy and fusion, at which time it was noted that the guidelines do not recommend surgery for Charcot arthropathy. Wounds were noted in the left foot with drainage and the request was non-certified. On XX/XX/XX, an appeal determination stated the request was non-certified, and after a peer discussion, there was evidence of an ulcer present, and the guidelines do not support this type of surgery for a Charcot joint. Due to the high risk of complications, the request was not medically necessary.

The guidelines state Charcot arthropathy is a destructive process, most commonly affecting joints of the foot and ankle in diabetics with peripheral neuropathy. Affected individuals present with swelling, warmth, and erythema, often without history of trauma. Bony fragmentation, fracture, and dislocation progress to foot deformity, bony prominence, and

instability. This often causes ulceration and deep infection that may necessitate amputation. Treatment should be focused on providing a stable and plantigrade foot for functional ambulation with accommodative footwear and orthoses. Foot-specific patient education and continued periodic monitoring may reduce the morbidity and associated expense of treating the complications of this disorder and may improve the quality of life in this complex patient population and surgery is not recommended.

It is the opinion of this reviewer that the request for Midfoot; Osteotomy and Fusion is not medically necessary 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

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 (PROVIDE A DESCRIPTION)