

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/07/2016

Review Outcome:

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

Surgery

Description of the service or services in dispute:

Right tarsal tunnel syndrome release

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. On XX/XX/XX, he was seen for complaints of right ankle and foot pain and numbness. He reported numbness at the plantar aspect of his foot. On exam, he had a fairly normal gait with normal alignment of the foot. His tendons were stable and there was no gross ligament laxity to anterior drawer testing for valgus stress testing. Sensation was intact and strength was 5/5. X-rays of the right ankle showed the ankle mortis was intact there was a dorsal spur at the talar neck region. An MRI was to be ordered. On XX/XX/XX, an MRI of the right ankle was obtained showing a subacute, chronic near complete tear of the right anterior talar fibular ligament. There was a chronic small plantar calcaneal spur without evidence for plantar fasciitis. There was a small chronic insertional enthesophyte at the Achilles calcaneal insertion site and there was a chronic dorsal spur along the neck of the talus. On XX/XX/XX, electrodiagnostic studies were performed showing findings suggestive of right tibial nerve lesion at the ankle indicative of tarsal tunnel syndrome with no evidence of peripheral neuropathy or lumbar radiculopathy on the right.

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

On XX/XX/XX, a utilization review report stated the request for a right tarsal tunnel syndrome release was not medically necessary as there is no EMG for review to confirm the diagnosis. There was no discussion by the provider of the MRI findings in the records and there was no space occupying lesions seen on the MRI. There was medication and activity modification and there were minimal deficits on exam. A phone call was made and additional information was to be submitted but it was not and therefore, the request did not meet guideline criteria and was non-certified.

On XX/XX/XX, a utilization review report stated that the EMG/nerve conduction study was not performed and there is lack of documentation of failure of lesser measures including boot walker, hot and cold packs, NSAID's, Medrol dose pack, pain medication and activity modification. The request was non-certified.

The EMG was provided for this review documenting finding consistent with tarsal tunnel syndrome. The MRI was submitted showing findings of a chronic near complete tear of the right anterior talar fibular ligament, spur consistent with acute plantar fasciitis, and a smaller spur at the smaller enthesophyte at the Achilles calcaneal insertion and a chronic dorsal spur in the talus. A space occupying lesion at the tarsal tunnel was not identified. There was also lack of documentation of conservative care. The guidelines state that surgery for tarsal tunnel syndrome may be recommended after conservative treatment for at least one month. Patient's with clinical findings and positive electrodiagnostic studies warrant surgery when significant symptoms do not respond to conservative care.

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)