

# C-IRO Inc.

An Independent Review Organization

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## *Description of the service or services in dispute:*

Left 2-5 Metatarsal Head Excisions, Open Treatment 4th/5th Metatarsal Fractures

## *Description of the qualifications for each physician or other health care provider who reviewed the decision:*

Board Certified Orthopedic Surgery

## *Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:*

- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Certify metatarsal head excision for left 4<sup>th</sup>-5<sup>th</sup> metatarsal head with open treatment of the 4<sup>th</sup>-5<sup>th</sup> metatarsal fractures

Non-certify left 2<sup>nd</sup>-3<sup>rd</sup> metatarsal head excision

- Upheld (Agree)

## *Patient Clinical History (Summary)*

XXXX who was diagnosed with a displaced fracture of the fourth metatarsal bone, left foot, subsequent encounter for fracture with delayed healing; displaced fracture of the fifth metatarsal bone, left foot, initial encounter for closed fracture and left metatarsalgia. XXXX sustained a work-related injury on XXXX, when XXXX.

The patient was evaluated by XXXX (Orthopedic Surgery) on XXXX for a Worker's compensation follow-up. XXXX was status post open reduction and internal fixation of the left fourth and fifth metatarsal fractures on XXXX. XXXX continued to have significant pain at the plantar forefoot. XXXX was not able to work. XXXX continued to use XXXX bone stimulator and take Calcium and Vitamin D. On foot/ankle examination, XXXX ambulated on XXXX left lower extremity with an antalgic gait. The dorsolateral forefoot incision had healed. There was some diffuse swelling in the forefoot. There was tenderness underneath the prominent third and fifth metatarsal heads. There was decreased motion in the forefoot. There was nontender bunion deformity.

Treatment to date included medications (Mupirocin Ointment) and surgery (open reduction and internal fixation of the left fourth and fifth metatarsal fracture).

An x-ray of the left foot was performed on XXXX. It revealed severely comminuted fourth metatarsal fracture without any obvious signs of healing. The fourth and fifth metatarsals were shortened. A bunion deformity was seen. A CT scan of the left foot performed on XXXX, showed a comminuted fracture of the mid and distal fourth metatarsal shaft which showed no evidence of healing. There was interval non-bridging callus formation when compared to the previous examination dated XXXX.

Per a utilization review determination letter dated XXXX by XXXX (Orthopedic Surgery), the requested service for left 2-5 Metatarsal Head Excisions and Open Treatment 4th/5th Metatarsal Fractures was non-certified. Rationale: “A range of conditions can lead to sesamoid pain. Careful history examining occupation and hobbies alongside a thorough examination and use of appropriate imaging modalities are likely to identify etiology. Our recommendations are that early consideration of MRI and discussion with a specialist musculoskeletal radiologist may help to identify a cause of pain accurately and quickly. Conservative measures should in most cases be the first line. Where fracture and avascular necrosis can be ruled out, injection under fluoroscopic guidance may help to avoid operative intervention. The operative intervention used only in resistant cases operative morbidity should be considered and explained to patients.”

Per Notification of Reconsideration Adverse Determination letter dated XXXX by XXXX (Orthopedic Surgery), the requested service was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It does appear treatment of the 4th and 5th Metatarsal Fractures nonunion/malunion may be indicated based upon the documentation. However, the requested 2nd through 5th Metatarsal head excision is not supported. There is incomplete documentation of subjective or objective findings supporting pathology of the 2nd or 3rd Metatarsal head (transfer metatarsalgia). It is unclear the indication for surgical intervention for the 2nd and 3rd metatarsal. As such, the entirety of the request is not supported.”

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

The ODG does not address this topic. This specific injury and complication represents a unique clinical presentation which falls outside of current guideline recommendations. Additionally, there is limited literature addressing the proposed surgical technique in the setting of fracture nonunion. The majority of the literature currently available addresses Freiberg’s disease or resection arthroplasty in the setting of rheumatoid arthritis. With regards to the previously completed utilization reviews, the second review most accurately addresses the operative intervention in question. The reviewer appropriately addressed the lack of evidence of pathology supporting surgical intervention for the second and third metatarsal. In reviewing the clinical progress notes submitted, there is no discussion from the treating physician validating why resection of the second and third metatarsal heads would be required. While the current literature typically addresses resection of the second-fifth metatarsal head, this is generally in the setting of rheumatoid arthritis. Given the complexity of this case, medical necessity for the entirety of the procedure cannot be established without additional information from the treating physician validating why resection of the second-third metatarsal head is necessary. There is evidence of pathology that necessitates operative intervention for the fourth-fifth metatarsal head. Partial certification is advised for resection of the fourth-fifth metatarsal head based on the documentation provided for review.

*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
- AHRQ-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 Medical Literature (Provide a description)
  - Foot Ankle Spec. 2014 Feb;7(1):52-6. doi: 10.1177/1938640013510314. Epub 2013 Dec 5.
  - Freiberg's infraction: diagnosis and treatment.
  - Talusan PG1, Diaz-Collado PJ, Reach JS Jr.
  
  - J Foot Ankle Surg. 2017 Mar - Apr;56(2):263-270. doi: 10.1053/j.jfas.2016.11.008. Epub 2017 Jan 7.
  - Fusion of the First Metatarsophalangeal Joint and Second to Fifth Metatarsal Head Resection for Rheumatoid Forefoot Deformity.
  - Triolo P1, Rosso F2, Rossi R3, Cerlon R1, Cottino U3, Bonasia DE4.
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)