

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

| | |
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| TDI-WC Case Number: | |
| MDR Tracking Number: | M2-06-0807-01 |
| Name of Patient: | |
| Name of URA/Payer: | Risk Management Fund |
| Name of Provider: (ER, Hospital, or Other Facility) | |
| Name of Physician: (Treating or Requesting) | Keith Jacobson, Podiatrist |

March 21, 2006

An independent review of the above-referenced case has been completed by a doctor board certified in podiatry. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Keith Jacobson, Podiatrist
Division of Workers' Compensation

CLINICAL HISTORY

Records received for review include:

- Keith Jacobson, DPM medical notes from 11/22/05 – 1/16/06;
- Physical therapy notes from Northeast Rehabilitation Center from 11/20/05 – 12/6/05;
- Medical notes by Timothy Irvine from 11/3/05 – 11/8/05;
- notice of pre-authorization denial and rationale from 12/23/05 – 1/6/06;
- Documentation submitted by requestor to support pre-authorization request of 2/13/06;
- 3 view x-rays of the left foot on 12/12/05; and
- Peer review report by Michael Albrecht, MD on 1/9/06.

Upon initial presentation to the office of Dr. Jacobson, the patient complained of an injury on ___ while at work. Patient states that she caught her foot on a threshold and fell forward. Patient stated there was pain upon standing with pain to the outer side of the fifth metatarsal area of the left foot, extending toward the ankle. The initial examination was negative for edema. Her only complaint of pain was at the peroneus brevis tendon at approximately 3 cm proximal to its insertion on the left foot as described by Dr. Jacobson. Patient was then treated with a cam Walker and nonsteroidal anti-inflammatory. Patient was subsequently referred for physical therapy.

Patient was followed up on 12/12/05 with Dr. Jacobson with complaint of increasing pain. Patient described her pain at that time as traversing across the top of her foot and in the toe area. Patient was then diagnosed with a secondary/conflicting diagnosis of a fatty deposit on the sinus tarsi along with pain to this area. Dr. Jacobson relates that there was no pain remaining to the peroneal tendon or its insertion. Treatment consisting of an injection to the sinus tarsi was then performed.

Upon visiting Dr. Jacobson on 12/19/05, patient relates that the injection was really good for a couple of days. A third diagnosis was now added of a loose body to the dorsal aspect of the talonavicular joint of the same left foot. At this time, patient was suggested to have surgical treatment of this condition.

On 1/3/06 patient stated that she felt a pop around the left ankle area while walking in the mall. Patient also relates that her foot felt better with shoes on. Examination this day revealed pain on inversion and he version, over the sinus tarsi and out of the soft tissue mass. Patient was treated with an injection.

Patient was followed on 1/10/06 and stated she had some relief from the injection and was given a Rx for over-the-counter nonsteroidal anti-inflammatory.

Patient was followed on 1/16/06 with the same diagnosis and again no mention of peroneal tendon pain or forefoot pain.

On 11/22/05 patient was referred to physical therapy and reported to them that she fell and that there is edema with restrictive range of motion. Patient was diagnosed at physical therapy with a negative anterior drawer test and negative talar tilt test. Patient was subsequently treated with various physical therapy modalities.

On 12/12/05 x-rays were taken at Methodist Willowbrook Hospital; the report revealed mild osteopenia with calcification of the posterior and inferior aspect of the left calcaneus along with a bunion deformity. In addition, a varus deformity of the fourth and fifth toes was also noted. There was no mention of abnormalities of the fifth metatarsal base or ankle area.

REQUESTED SERVICE(S)

Left foot mass excision and sinus tarsi decompression.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

After careful review of all pertinent notes and data supplied, it is concluded that Ms. _____ conditions involving her right ankle including the diagnosed sinus tarsiitis and soft tissue tumor are not due to a result of the accident that she incurred at work.

The original diagnosis by Dr. Jacobson was a diagnosis of pain associated at the fifth metatarsal base and slightly proximal consistent with peroneal tendonitis. On Dr. Jacobson's initial evaluation, after hearing the patient's history and able to palpate for the pain in the patient's left foot, described same in his notes.

Patient at a later date complained of pain to her forefoot and later to the ankle area (her current complaint), which is a change in his original diagnosis that does not corroborate with his initial findings.

The opinions rendered in this case are the opinions of the evaluator. This opinion is based on a fair evaluation with no bias on review of the medical notes and documentation available at this date. This is also under the assumption that the material is true and correct.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 22nd day of March, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell