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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 3/9/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left foot calcaneal osteotomy, osteoarticular transfer system (OATS) procedure, and peroneal tendon repair.

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

The reviewer is a Doctor of Podiatric Medicine who is board certified in Podiatry. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a left foot calcaneal osteotomy, osteoarticular transfer system (OATS) procedure, and peroneal tendon repair.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who was injured when he fell from a height of six feet while at work. He was treated immediately following the accident. He was told that he had a sprain after x-rays. He continued treatment who placed him in immobilization. He later presented and was continued non-weight bearing and given physical therapy. He presented in December of 2014 with continued pain. The current request is for a left foot calcaneal osteotomy, osteoarticular transfer system (OATS) procedure, and peroneal tendon repair. This has been denied by the carrier secondary to quoting the ODG which indicates the OATS procedure is

medically appropriate in the knee but not in the ankle. However, in the report by the reviewing physician, he contradicts himself in that he feels the OATS would not be unreasonable in this case. He notes in a second report that “left foot calcaneal osteotomy is reasonable based upon the deformity created by the patient’s calcaneal fracture and loss of hind foot height. The peroneal tendon repair is also reasonable based upon the patient’s MRI findings and continued ankle/foot pain after his fracture.”

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

The medical records indicate the patient has an increased Gissannes angle, avascular necrosis, and a full thickness tear of the peroneus brevis tendon without retraction. He has not improved with conservative care. According to the study by Imhoff et al, “long-term clinical and magnetic resonance imaging results after osteochondral transplantation are good and patients significantly benefit from this surgery.” The ODG further opines that these procedures hold promise but have not been evaluated. The studies that the ODG quotes are from 2003. The studies used in this report are more recent and provide evidence that the procedure requested is beneficial in most cases. The peer reviewer appeared to contradict himself in his reports when he felt that the procedures were medically necessary but denied simply because the ODG indicated that held promise but didn’t recommend outright approval. Lastly, the peroneal repair is approved based upon the ODG recommendations that a peroneus tear may be surgically repaired if it interferes with function.

The patient’s clinical as well as imaging findings are clearly indicative of the need for the requested procedures for this patient. Therefore, it is medically necessary at this time.

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

- ACOEM- AMERICAN 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)

IMHOFF AB1, PAUL J, OTTINGER B, WÖRTLER K, LÄMMLE L, SPANG J, HINTERWIMMER S. OSTEOCHONDRAL TRANSPLANTATION OF THE TALUS: LONG-TERM CLINICAL AND MAGNETIC RESONANCE IMAGING EVALUATION. AM J SPORTS MED. 2011 JUL;39(7):1487-93.

KADAKIA AR1, ESPINOSA N. WHY ALLOGRAFT RECONSTRUCTION FOR OSTEOCHONDRAL LESION OF THE TALUS? THE OSTEOCHONDRAL AUTOGRAFT TRANSFER SYSTEM SEEMED TO WORK QUITE WELL. FOOT ANKLE CLIN. 2013 MAR;18(1):89-112.

DEMETRACOPOULOS CA, VINEYARD JC, KIESAU CD, NUNLEY LONG-TERM RESULTS OF DEBRIDEMENT AND PRIMARY REPAIR OF PERONEAL TENDON TEARS. FOOT ANKLE INT. 2014 MAR;35(3):252-7.

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)