MedHealth Review, Inc.

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DATE NOTICE SENT TO ALL PARTIES: 10/14/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a XX hardware removal; XX, and XX XX.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. 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 agrees with the previous adverse determination regarding the prospective medical necessity of XX hardware removal; XX, XX, and XX XX.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a XXXX. XXXX developed a XX/XX foot incision and XX of XX and XX and XX with irrigation on XXXX. XXXX was subsequently diagnosed with XX through XX XX and XX. XXXX underwent XX XX, XX XX, XX, and XX, XX, and XX on XXXX.

A review of records documented post-operative conservative treatment to include XX, medications, orthotics, home exercise, and activity modification. The XXXX orthopedic progress report indicated that XXXX was transitioned into regular shoes with XXXX XX. It was noted that these were previously custom orthotics and they could be modified if needed.

The XXXX orthopedic progress report indicated that the patient was still having pain on the ball of the foot. The pain was better than before surgery but was still keeping XXXX out of work.

XXXX had custom XX. These things helped somewhat. XX exam documented an XX, mild swelling, numbness in the XX, and overall good toe alignment. There was slight elevation of the XX and tenderness under the XX. It seemed like the XX was potentially the most tender, but XXXX was tender under the XX as well. X-rays of the XX foot were obtained and showed XX. There was good alignment and was well-healed. XX were in good alignment. The diagnosis was XX status XX with XX correction. The treatment plan recommended a CT scan of XXXX XX make sure the screws were not a little bit too long and to evaluate the architecture of the XX. This might be amenable to a simple XX and XX.

The XXXX XX-foot CT scan impression documented soft tissue thickening surrounding the XX joints status XX. There was XX and mild irregularity involving the articular surfaces of the XX. There was mild to moderate XX, and XX with XX.

The XXXX orthopedic progress report indicated that most of the patient's pain was related to XX on the ball of the foot. There seemed to be a nerve component as XXXX sometimes had pain when non-weight bearing as well. XX XX extremity exam was essentially unchanged with mild to moderate combined XX, normal hindfoot alignment, and a bit of a high arc. There were some XX, XX, and XX, mostly involving the prominent XX, XX, and XX XX XX. XXXX toe alignment was excellent relative to the hammertoe reconstruction. XXXX had mild swelling. CT scan was reviewed and showed healed Weil XX with good alignment. The hardware was not prominent plantarly. XXXX anatomy was such that XXXX XX XX were angled and turned into more of a varus position. This was a common finding in surgery and it was thought to predispose XXXX for pressure on the edge of the XX XX. There also seemed to be a high inclination of the XX themselves. The patient was status post XX XX through XX hammertoe correction with continued XX, prominent XX XX, and retained hardware. The orthopedic surgeon indicated that this was very unusual situation as correction of the hammertoes usually resulted in excellent relief of the pain on the ball of the foot. It was opined that XXXX anatomy and the high inclination of XXXX XX and the XX XX rotation which was XXXX normal anatomy, predisposed loading. XXXX had reportedly exhausted conservative management with orthotics. The only thing to do was XX XX. The treatment plan recommended hardware removal from the XX and XX XX XX and then XX XX of the XX, XX, and XX XX XX.

The XXXX utilization review non-certified the request for XX XX and XX XX hardware removal and XX, XX, and XX XX XX XX. The rationale stated that guidelines did not recommend the routine removal of hardware, except for exposed or prominent pins, broken hardware, or persistent pain after ruling out other causes of pain such as infection and nonunion. There were no persistent findings to justify the need of this request. There were no imaging reports indicating instability or non-union, and no evidence ruling out an infection. It was noted that guidelines do not support the use of every available treatment option without taking into consideration what is needed for cure and treatment is not an entitlement.

On XXXX, the provider's office requested an appeal of the denial of the request for XX XX and XX XX hardware removal and XX, XX, and XX XX XX XX. No additional medical records or information were provided.

The XXXX utilization review non-certified the appeal request for XX XX and XX XX hardware removal and XX, XX, and XX XX XX XX. The rationale stated that there was no clear documentation of objective significant findings in the medical report to validate broken hardware, infection and nonunion that would indicate the need for the requested surgery. Moreover, the actual radiograph report was required to verify findings to validate the need for the request.

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

The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion.

This patient is status post XX XX, XX, and XX proximal interphalangeal joint arthrodesis, XX XX through XX metatarsophalangeal joint extensive dorsal capsulotomies, long flexor XX, and extensor tendon lengthening XX, XX XX and XX XX Weil osteotomy, and XX XX XX XX XX condylectomy on XXXX. XXXX presents with persistent pain on the ball of XXXX foot. Clinical exam findings documented tenderness over the XX-XX XX XX and slight elevation of the XX toe. Imaging showed well healed Weil XX with good alignment and no hardware prominence. The orthopedic surgeon opined that the patient's anatomy and high inclination of the XX XX and rotation predisposed loading. Guideline criteria have not been met to support routine hardware removal. There was no documentation of broken or prominent hardware, hardware-mediated pain, infection or non-union consistent with guidelines. Additionally, the submitted records did not provide detailed evidence that orthotics had been customized in the post-operative period or that conservative treatment had been exhausted to address the current pain complaints. Therefore, the prospective request for XX XX and XX XX hardware removal and XX, XX, and XX XX XX XX is not medically necessary.

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)

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