

**Clear Resolutions Inc.**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste 117-501 CR**  
**Austin, TX 78731**  
**Phone: (512) 879-6370**  
**Fax: (512) 572-0836**  
**Email: [@cri-iro.com](mailto:@cri-iro.com)**

***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #: X**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X**

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

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous  
adverse determination/adverse determinations should be:

- Overturned      Disagree
- Partially Overtuned      Agree in part/Disagree in part
- Upheld      Agree

**INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. X was  
working on X. X was picking up a X. The diagnoses were acquired left

hallux valgus, metatarsalgia of left foot, exostosis of left foot, and deformity of toe. X was seen by X, MD on X for a follow-up of left foot injury that was sustained on X. X underwent multiple surgeries. X had been doing reasonably well. X was working full duty with primarily a X. X complained of pain in X second toe. X had developed a callus. X had also noticed worsening of X hallux deformity over time. There was impingement of X second toe from the hallux. X had a difficult time with certain activities and shoes due to these problems. On examination, X ambulated on X left lower extremity with a fairly normal gait. X forefoot wounds had healed without signs of infection. There was no significant swelling. There was a tender callus at the medial aspect of the second toe near the DIP joint. There was a second hammertoe deformity with valgus angulation of the toe at the DIP region. There was a tender hallux valgus deformity noted. There was no tenderness around the third or fourth toes. There was minimal motion in the forefoot. Light touch was intact and there were good distal pulses noted. There was good capillary refill in the toes. X-rays of the left foot dated X revealed postoperative changes. The hallux valgus deformity had progressed. There was an exostosis at the distal aspect of the third metatarsal. There were lesser toe deformities. Dr. X discussed nonoperative versus operative treatment. X felt X had become unresponsive to nonoperative management for the hallux and second toe problems. First MTP arthrodesis for hopeful definitive treatment for the traumatic hallux valgus deformity and correcting the second toe deformity was discussed. X was to continue with full duty work. X was to continue with all activities and shoe wear as tolerated. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, DO, the request for X was non-certified. It was not appropriate and medically necessary for this diagnosis and clinical findings. Rationale: "Official Disability Guidelines states X. Official Disability Guidelines states X is recommended to treat fracture non- or malunion or post-traumatic arthritis. Official Disability Guidelines also

states that X is recommended after X. There is lack of documentation of clinical assessment within the last X months to assess the claimant's current subjective and objective clinical findings. Surgical intervention would not be supported at this time without recent documentation of complaints and abnormalities. As such, the request for X is non-certified." Per a reconsideration review adverse determination letter dated X by X, DO, the request for X was unable to be authorized based upon the clinical information available and / or our discussion with the provider of record. The request was noncertified. The rationale was as follows: "the proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. Per the Official Disability Guidelines X is not recommended for routine X. X is recommended to treat fracture non- or malunion or post-traumatic arthritis after failure of conservative treatment. Surgery for X is recommended after failure of nonsurgical treatment with x-rays and exam consistent with a diagnosis of hammertoe. The claimant had ongoing pain in the second toe of the left foot, worsening hallux deformity, impingement of the second toe from the hallux, and development of a callus the medial aspect of the second toe near the DIP joint. There was a hammertoe deformity with valgus angulation of the toe at the DIP region. There was tender hallux valgus deformity. However, there was no documentation of a recent progress note for documentation of the claimant's current subjective and objective findings as the most recent note provided was from X, and there was no imaging provided with evidence of broken hardware or a non- or malunion or post-traumatic arthritis. As such, the request for X is not medically necessary." The requested surgical procedure is not medically necessary. The records do not reflect a trial of conservative treatment as prior treatment occurred in X. In addition, there was no documentation of a recent progress note for documentation of the claimant's current subjective and objective findings as the most recent note provided was from X, and there was no imaging provided with evidence of broken

hardware or a non- or malunion or post-traumatic arthritis. More recent imaging findings or an updated examination has not been provided. No new information has been provided which would overturn the prior denials. X is not medically necessary and non certified

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

The requested surgical procedure is not medically necessary. The records do not reflect a trial of conservative treatment as prior treatment occurred in X. In addition, there was no documentation of a recent progress note for documentation of the claimant's current subjective and objective findings as the most recent note provided was from X, and there was no imaging provided with evidence of broken hardware or a non- or malunion or post-traumatic arthritis. More recent imaging findings or an updated examination has not been provided. No new information has been provided which would overturn the prior denials. X is not medically necessary and non certified

Upheld

**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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY 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)**