This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA’s Workers’ Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC’s Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. The below checklist incorporates recommendations from the ODG treatment guidelines. You can utilize other high quality guidelines to document medical necessity.

Attach or copy the below checklist into your Request for Authorization (RFA) and attach a copy of the research justifying the procedure, if appropriate. Having a summary of care to date to add to the checklist facilitates approval.
Workers’ Compensation Utilization Review Checklist

Foot and Ankle
Morton’s Neuroma
Hammer Toe Syndrome
Plantar Fasciitis
Tarsal Tunnel Syndrome
Lateral Ligament Ankle Reconstruction

Patient name: ________________________________    Claim #: __________________________

Indications for imaging -- MRI (magnetic resonance imaging):
A. Chronic ankle pain, suspected osteochondral injury, plain films normal
B. Chronic ankle pain, suspected tendinopathy, plain films normal
C. Chronic ankle pain, pain of uncertain etiology, plain films normal
D. Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular
E. Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable
F. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome
G. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected
H. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically

Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)

Criteria for Morton’s Neuroma surgery:
6-8 months of conservative therapies have been attempted and have been documented as having failed:
1. Change in shoe types that are reported to result in neuroma-like symptoms.
2. Change or limitation in activities that are reported to result in neuroma-like symptoms.
3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by spreading the metatarsals.
4. Alcohol injection of Morton's neuroma.

Criteria for Hammer Toe Syndrome surgery:
Diagnosis
A. History: This may include any of the following:
   1. An evaluation of the chief complaint (including the nature, location, duration, onset, course, anything that improves or exacerbates, and any previous treatment)
   2. The past medical history (including allergies/medications, medical history, surgical history, family history, and social history)
B. Physical examination: The following may be important parts of the appropriate examination:

1. Peripheral vascular
2. Neurological
3. Orthopedic (involvement may be ascertained by examining the foot in either the weight bearing or non-weight bearing positions):
   a. Palpation;
   b. Range of motion;
   c. Biomechanical/gait analysis
4. Dermatologic (presence of lesions or hyperkeratoses)

Diagnostic Procedures
A. Radiological examination: X-rays must be taken. They may be used to evaluate the type of deformity as well as other factors. X-rays may be weight bearing, partial weight bearing, or non-weight bearing.
B. Laboratory tests: Not required in the nonsurgical patient, unless underlying factors exist (i.e., infection or inflammatory disease)
C. Additional tests (nerve conduction studies, electromyography (EMG), non-invasive vascular testing). These studies may be utilized in isolated situations when deemed necessary.

Nonsurgical Treatment (at least 2 of 6):
A. Padding;
B. Orthotic devices or shoe insole modifications;
C. Debridement of associated hyperkeratotic lesions;
D. Corticosteroid injection;
E. Taping;
F. Footwear changes (wider and/or deeper toe box).

Surgical Treatment. The primary reasons for surgical treatment are:
A. Failure of nonsurgical treatment
B. Impracticality of nonsurgical treatment
C. The patient desires correction of a presenting deformity that is painful and/or causes a degree of loss of function.
D. The patient is informed of the procedure(s) to be performed, the treatment alternatives, and the reasonable risks involved and elects to have surgical intervention.

(Thomas, 2009) (AAFAS, 2003)

| Criteria for Plantar Fasciitis Surgery | Not recommended except as indicated below. No randomized trials evaluating surgery for plantar heel pain against a control group have been identified; therefore no conclusions can be drawn. (Crawford, 2002) Generally, surgical intervention may be considered in severe cases when other treatment fails. In general, heel pain resolves with conservative treatment. In recalcitrant cases, however, entrapment of the first branch lateral plantar nerve should be suspected. Surgical release of this nerve can be expected to provide excellent relief of pain and facilitate return to normal activity. (Baxter, 1992) Nonsurgical management of plantar fasciitis is successful in approximately 90% of patients. Surgical treatment is considered in only a small subset of patients with persistent, severe symptoms refractory to nonsurgical intervention for at least 6 to 12 months. (Neufeld, 2008) Plantar fasciotomy, in particular total plantar fasciotomy, may lead to loss of stability of the medial longitudinal arch and abnormalities in gait, in particular an excessively pronated foot. (Tweed, 2010) |

| Criteria for Tarsal Tunnel Syndrome Surgery | Recommended after conservative treatment for at least one month. Patients with clinical findings and positive electrodiagnostic studies of tarsal tunnel syndrome warrant surgery when significant symptoms do not respond to conservative management. When conservative therapy |
fails to alleviate the patient's symptoms, surgical intervention may be warranted since space-occupying masses require removal. Tarsal tunnel syndrome is caused by compression of the tibial nerve or its associated branches as it passes underneath the flexor retinaculum at the ankle level or distally. (Gondring, 2003) (Sammarco, 2003)

Criteria for Lateral Ligament Ankle Reconstruction:
Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

A. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma.

PLUS

B. Subjective Clinical Findings:
For chronic: Instability of the ankle. Supportive findings: Complaint of swelling.
For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling.

PLUS

C. Objective Clinical Findings:
For chronic: Positive anterior drawer.
For acute: Grade-3 injury (lateral injury).
[Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).¹ (Litt, 1992)]
AND/OR
Osteochondral fragment.
AND/OR
Medial incompetence.
AND Positive anterior drawer.

PLUS

D. Imaging Clinical Findings:
Positive stress x-rays identifying motion at ankle or subtalar joint.
At least 15 degree lateral opening at the ankle joint.
OR
Demonstrable subtalar movement.
AND
Negative to minimal arthritic joint changes on x-ray.

E. Procedures Not supported:
Use of prosthetic ligaments, plastic implants, calcaneous osteotomies.

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