

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient right ankle arthroscopy 29895

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office note, Dr., 04/13/07

Notes, 05/09/07, 05/25/07, 06/01/07, 06/15/07 and 07/27/07

MRI, 05/19/07

Peer review, 06/21/07 and 06/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx -year-old female who developed right ankle pain after a fall on xx/xx/xx. She continued with pain, stiffness and difficulty with weight bearing despite a course of nonsteroidal anti-inflammatory drugs and application of an air cast. Dr. saw the claimant on 04/13/07. Clinical examination noted tenderness at the anterior talofibular ligament and the anterolateral capsule. External rotation torque was painful. Dorsiflexion was to zero and plantar flexion to 30 degrees. X-rays of the right ankle

were negative. The impression was high ankle sprain. Treatment included therapy, an air cast and nonsteroidal anti-inflammatory drugs.

An MRI of the right ankle on 05/19/07 noted minimal thickening within the anterior talofibular ligament consistent with a partial tear or strain and slightly increased signal within the deltoid consistent with a grade I strain. There was no evidence of fracture, edema or osteochondral injuries. Muscles and tendons were intact.

Pain continued despite an intra-articular injection on 06/01/07. The impression was right ankle synovitis and ankle arthroscopy was proposed. The request for surgery was non-certified on two separate occasions and another review was requested.

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

The Reviewer was asked to review the information and determine if an outpatient right ankle arthroscopy was indicated. The date of the injury was greater than six months ago due to a slip and fall. The claimant has had persistent complaints of ankle pain and has had extensive conservative treatment with therapy, medication as well as an injection. There has been no response to conservative treatment. It was felt that there was residual synovitis and recommendations were for an arthroscopy. In light of the failure to respond to conservative treatment with ongoing complaints of pain an arthroscopic evaluation may be indicated to rule out any evidence of a meniscoid lesion or significant synovitis. The claimant appears to have failed conservative treatment and has ongoing complaints of pain despite such. It is unlikely that further conservative measures would be beneficial at this juncture. In this case the arthroscopy will be a definitive diagnostic tool and potentially therapeutic.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates does not address this specific application for ankle arthroscopy.

DeLee and Drez. Orthopaedic Sports Medicine Principles and Practice. Chapter 6; pg 229

Campbell's Operative Orthopaedics, Chapter 48; pg 2592

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)