



DATE OF REVIEW: December 4, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization – Right ankle arthroscopy and Evan's lateral ligament, CPT codes #28300, #29898, and #27698, and a 2 day inpatient stay.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Orthopaedic Society, the American College of Surgeons, the American Academy of Orthopaedic Surgeons, the American Medical Association and the American Academy of Disability Evaluating Physicians. This reviewer has been in active practice since 1976.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested right ankle arthroscopy and Evan's lateral ligament, CPT codes #28300, #29898, and #27698, and 2 day inpatient stay.

Information provided to the IRO for review

Records Received From The State:

Notice to Medical Review Institute of America, Inc, of case assignment, 11/14/07, 1 page
Confirmation of receipt of a request for a review by an independent review organization, 11/13/07, 7 pages

Request for a review by an independent review organization, 11/8/07, 2 pages
Reconsideration preauthorization report, 10/12/07, 1 page
Review of records for preauthorization/concurrent review of right ankle arthroscopy, 10/12/07, 1 page
Preauthorization report, 9/18/07, 1 page
Review by, MD, received 11/12/07, 2 pages

Records Received From Dr.:

Letter from, MD, 11/8/07, 1 page
Letter from, MD, 9/28/07, 1 page
Office visit note, 11/5/07, 1 page
Office visit note, 9/12/07, 1 page
Office visit note, 8/22/07, 1 page
Office visit note, 8/1/07, 1 page
Office visit note, 5/14/07, 1 page
Office visit note, 5/7/07, 1 page
Office visit note, 3/26/07, 1 page
Office visit note, 3/5/07, 1 page
Office visit note, 2/7/07, 1 page
Office visit note, 1/24/07, 1 page
Initial office visit note, xx/xx/xx, 2 pages
MRI report, 9/10/07, 2 pages
Reconsideration preauthorization report, 10/12/07, 1 page
Review of records for preauthorization/concurrent review of right ankle arthroscopy, 10/12/07, 1 page
Preauthorization report, 9/18/07, 1 page
Review by, MD, undated, 2 pages
Notice of assignment of independent review organization, 11/14/07, 1 page

Patient clinical history [summary]

The patient is a female with a history of a direct blow injury to the right foot and ankle, a past history of common peroneal nerve compression and release, and complaints of pain, swelling and "giving out". An MRI (magnetic resonance imaging) confirms bone contusion, impingement syndrome, and chronic thickening of the anterior tibia/fibula ligament. Ankle instability has been diagnosed, without meeting specific criteria for such a diagnosis.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Diagnostic criteria have not been met for the diagnosis of ankle instability. There are no plain stress x-rays of the ankle to demonstrate diagnostic talar tilt or ankle drawer sign. The criteria to recommend Evan's procedure is not met. The MRI findings, including anterior tibia/fibula ligament changes, likely related to the recent fracture of distal fibula, are likely a supination external rotation stage II injury.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Myerson, Reconstructive Foot and Ankle Surgery, p.235

ODG, Ankle and Foot Chapter, Procedure Summary, p 54: ODG Indication for surgery- lateral ligament ankle reconstruction

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