

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/14/2008  
**IRO CASE #:**

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

Left ankle scope, debridement

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

**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)

Left ankle scope, debridement Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a review dated 2/29/2008
2. Clinical note dated 1/9/2008
3. Request for reconsideration dated 1/28/2008
4. Request form dated 2/27/2008
5. Reviews of case assignment dated 3/3/2008
6. Clinical note dated 3/3/2008
7. Clinical note dated 3/3/2008
8. Review organization dated 3/3/2008
9. Review organization dated 2/29/2008
10. Clinical note dated 1/9/2008
11. Clinical note dated 1/28/2008
12. Clinical note dated 2/28/2008
13. Review organization dated 2/27/2008
14. Adverse determination dated 1/28/2008
15. Adverse determination dated unknown
16. Review organization dated
17. Case report dated 1/25/2008
18. Clinical note dated 1/28/2008
19. Clinical note dated 1/25/2008
20. Referral form dated unknown
21. Worker's compensation by MD, dated 10/3/2007 to 12/27/2007 multiple dates
22. Worker's compensation by MD, dated 6/26/2007 to 8/22/2007 multiple dates
23. Final report by MD, dated 6/7/2007
24. Worker's compensation by MD, dated 5/3/2007 and 5/10/2007
25. Clinical note dated 1/24/2008

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26. Report of medical evaluation dated 4/29/2008
27. Report of medical evaluation by MD, dated 12/21/2007
28. Clinical note dated 1/25/2008
29. Clinical note dated 1/25/2008
30. Precert request dated 1/9/2008
31. Independent review organization dated 3/3/2008
32. Worker's compensation by MD, dated 12/12/2007 to 2/27/2008 multiple dates
33. Workman's compensation by MD, dated 11/13/2007
34. Workman's compensation by MD, dated 10/3/2007
35. Discharge summary dated 10/3/2007
36. Worker's compensation by MD, dated 8/22/2007
37. Worker's compensation by MD, dated 7/30/2007
38. Worker's compensation by MD, dated 6/26/2007
39. Final report by MD, dated 6/7/2007
40. Worker's compensation by MD, dated 5/10/2007
41. Clinical note by MD, dated 4/29/2007
42. Worker's compensation by MD, dated 5/3/2007
43. Patient information dated 5/3/2007
44. Clinical note by MD, dated 1/25/2007
45. Patient information dated 11/6/2006
46. Clinical note by MD, dated 11/6/2006
47. Assessment form dated 10/30/2006
48. Clinical note by MD, dated 10/30/2006
49. Clinical note dated 10/27/2006
50. Worker's compensation by MD, dated 9/15/2006
51. Workers compensation by MD, dated 7/24/2006
52. Workers compensation by MD, dated 6/15/2006
53. Worker's compensation by MD, dated 6/5/2006
54. Motor nerve conduction dated 6/5/2006
55. Final report by MD, dated 6/2/2006
56. Worker's compensation by MD, dated 5/9/2006
57. Worker's compensation by MD, dated 4/18/2006
58. Worker's compensation by MD, dated 3/21/2006
59. Worker's compensation by MD, dated 2/21/2006
60. Operative report by MD, dated 2/10/2006
61. Worker's compensation by MD, dated 1/13/2006
62. Worker's compensation by MD, dated 1/3/2006
63. Worker's compensation by MD, dated 12/6/2005
64. Final report by MD, dated 11/29/2005
65. Worker's compensation by MD, dated 11/8/2005
66. Clinical note by MD, dated 11/8/2005
67. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who was injured while at work. Impressions from 6/7/2007 MRI of the ankle revealed left lateral ligament injury with subjective instability, synovitis, and anterior impingement syndrome. Conservative treatment attempts have included medication, a walking boot, and physical therapy. At this time, the request for left ankle scope, debridement, is under review for medical necessity.

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

While the claimant has had ongoing left ankle complaints and has been treated conservatively, there does appear to be a question in the record as to instability which is not going to be fixed with an arthroscopic debridement. The 06/07/2007 MRI of the left ankle report does not describe impinging synovitis which is one of the main reasons to do an ankle arthroscopy following a ligament injury. Also there is no documentation in the medical record that she underwent an intraarticular cortisone/Xylocaine injection into her ankle to see if that in fact helped her complaints which would be a good predictor as to whether or not an arthroscopic decompression is going to help.

There is a physical therapy note which demonstrates decreased swelling, improved range of motion and strength, and ambulating without assistive devices and doing strength exercises. It also notes non-compliance. A 02/21/2008

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Dr. I office visit documents nine months post injury with persistent left ankle pain and some instability. Examination demonstrates pitting edema to the mid-calf region, tenderness over the anterior talofibular ligament and anterior joint line, and swelling over the lateral malleolus, as well as equal anterior drawer motion compared to the other side.

Based upon this documentation with pitting edema diffusely about the extremity and equal anterior drawer, which demonstrated the competency of the lateral ligamentous structures, and without any radiographic evidence of abnormal tibiotalar tilt in stress radiographs or other abnormalities, the procedure cannot be deemed medically necessary. Therefore, the previous denial is 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
- 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)