

IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Fax: 817-549-0310

Notice of Independent Review Decision

DATE OF REVIEW: May 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Appeal left ankle Broström procedure

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

OD Guidelines

Peer Reviews 03/24/08, 04/22/08

Office notes, Dr., 02/04/08, 03/17/08, 03/24/08, 04/23/08

MRI left ankle, 03/18/08

MD Rx, 02/04/08

Physical therapy evaluation, 02/06/08

Physical therapy progress note, 04/14/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male claimant reportedly rolled his ankle on xx/xx/xx while performing a team building exercise. The claimant was diagnosed with a chronic ankle sprain and instability. Conservative treatment included physical therapy and restricted duty as well as wearing high – top boots. On a 03/24/08 physician visit, the claimant was noted to

have persistent pain and giving way of the left ankle. A review of the left ankle MRI showed chronic lateral ankle instability with no evidence of splits or tears in the peroneal tendons.

X-rays reviewed revealed chronic lateral ankle instability with no arthritic changes. Left ankle lateral reconstruction was recommended.

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

This is a xx-year-old gentleman whose date of injury is xx/xx/xx. He injured his ankle and has had recurrent ankle instability despite physical therapy, restricted duty and immobilization. Request was for left ankle Broström procedure. This procedure is done for recurrent instability. It appears that he has failed conservative treatment and has ongoing subjective complaints consistent with instability with objective evidence of pathology. Although there are no documented stress films, stress films are not always reliable. Due to his failure to respond to conservative treatment with ongoing complaints of persistent pain and giving way, the left ankle Broström procedure does appear medically necessary and reasonable at this juncture.

Orthopedic Sports Medicine. Principle and Practice DeLee & Drez second Edition. Chapter 30, p. 2339

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)**