

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/14/08

**IRO CASE #:**

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

Arthrotomy right ankle, synovectomy. Excision of tibial and talar spurs. Reconstruction of the lateral ligaments of the right ankle

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

M.D., 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)

Upon independent review the reviewer finds that the requested arthrotomy of the right ankle, synovectomy is medically necessary, the requested excision of tibial and talar spurs is medically necessary and the requested reconstruction of the lateral ligaments of the right ankle is medically necessary.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient who was injured when he stepped down from his bus and injured his ankle. He has undergone conservative care including immobilization with a boot. He has had injections in the ankle. He has seen a Designated Doctor who recommended immobilization and surgery. He apparently responded well while in the boot, and as soon as he came out of the immobilization, his chronic synovitis and symptoms recurred. There are imaging studies that document the presence of osteophytic conditions about the tibia and talus. He has apparently responded well to injections. The current request is for arthrotomy right ankle, synovectomy, excision of tibial and talar spurs and reconstruction of the lateral ligaments of the right ankle

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

Upon review of the provided medical records and relevant ODG Guidelines, this reviewer finds that the requested arthrotomy right ankle, synovectomy, excision of tibial and talar spurs and reconstruction of the lateral ligaments of the right ankle is medically necessary. The previous adverse determination is overturned for several reasons. First of all, the point of view of the Designated Doctor concurs with the treating physician. The patient has had sufficient nonoperative care, has imaging studies that correspond to the complaint, has had a positive response to intraarticular injections and to immobilization. For these reasons, the requested treatments are supported by ODG Guidelines and generally accepted medical judgment.

**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 KNOWLEDGBASE
- 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)