

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Arthroscopy of right ankle with resection of joint pathology; modified Brostro anterior talofibial ligament repair and excision of fracture fragment posterior talus

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

Doctor of Podiatric Medicine

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)

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.

The reviewer finds that medical necessity does not exist for Outpatient Arthroscopy of right ankle with resection of joint pathology; modified Brostro anterior talofibial ligament repair and excision of fracture fragment posterior talus.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient originally injured his ankle on xx/xx/xx, and was seen and treated with a walking cast boot immobilization and anti-inflammatories as well as intrarticular injections.

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

This patient has a MRI which shows a calcaneal fibular ligament rupture, or not being

able to be seen on the MRI. Intact anterior talofibular ligament and posterior talofibular ligament. In this case a modified Brostrum procedure is not indicated. In addition, the MRI describes bone bruising but also describes a completely intact articular surface of the talar dome which again would preclude need for surgical intervention, specifically arthroscopy. At this point in time the reviewer agrees with the previous reviewers that the patient is still within normal time course for healing and alternative treatments. There are multiple articles in the literature which describe this type of injury, specifically the Berndt-Hardy classification which describes a stage one focal compression of the subchondral bone which is what is described on the MRI, and very few peer reviewed articles advocate or support surgical intervention for this process. Instead, recommendation in the articles and the applicable guidelines is aggressive physical therapy. The reviewer finds that medical necessity does not exist for Outpatient Arthroscopy of right ankle with resection of joint pathology; modified Brostro anterior talofibial ligament repair and excision of fracture fragment posterior talus.

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)