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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle debridement and hardware removal

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

MD, 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

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Ankle and Foot

Operative report, Dr., 12/08/08, 01/16/09, 02/23/09

Office notes, Dr., 01/06/09, 02/02/09, 02/10/09, 06/02/09, 07/28/08, 09/17/09

Peer review, Dr., 10/06/09

Letter of appeal, Dr., 10/21/09

Peer review, Dr. 10/29/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a trimalleolar ankle fracture on xx/xx/xx. On 12/08/08 Dr. performed open reduction internal fixation of the ankle fracture due to malunion. The claimant developed wound dehiscence post operatively. He had a wound closures done on 01/16/09 and 02/23/09. On 06/02/09 the wound was almost healed. X-rays of the ankle looked great. Dr. noted on 07/28/09 that the ankle was completely healed. He was released to work. The claimant returned on 09/17/09 with draining of the lateral side of the ankle. Dr. was concerned regarding infection of the hardware. He recommended removing the hardware and debridement. The claimant was on an antibiotic. The surgery was denied on peer review. Dr. indicated in a letter dated 10/21/09 that he was concerned about infected hardware or that the claimant was having a reaction to the hardware. He felt that the hardware needed to be removed.

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

The evidence based ODG guidelines state that most hardware would not require routine removal. That said, the guidelines permit painful hardware to be removed. This individual has a complex history of surgeries on his ankle. He underwent surgery in December of 2008 following which he required complex wound closure in January of 2009. Months later, the development of spontaneous drainage is very concerning to the treating physician. Records indicate the treating physician's concern is that this could be chronically infected, particularly in light of the complex wound closure that was required months earlier. The records indicate that this individual has developed recurrent swelling in an area of previous wound complications. The records indicate an infection could certainly be present. Exploration and debridement of that area would appear to be indicated. If the fracture is healed, removal of the implant would typically be indicated in an effort to resolve the infection. Thus, based on careful review of the records and consideration of the evidence based literature, the request for ankle debridement with necessary hardware removal would appear to be reasonable and medically necessary. The reviewer finds that medical necessity exists for Right ankle debridement and hardware removal.

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Hardware implant removal (fracture fixation)

Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. Current literature does not support the routine removal of implants to protect against allergy, carcinogenesis, or metal detection. (Busam, 2006) Despite advances in metallurgy, fatigue failure of hardware is common when a fracture fails to heal. Revision procedures can be difficult, usually requiring removal of intact or broken hardware. (Hak, 2008) Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. (Minkowitz, 2007) The routine removal of orthopaedic fixation devices after fracture healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Many surgeons refuse a routine implant removal policy, and do not believe in clinically significant adverse effects of retained metal implants. Given the frequency of the procedure in orthopaedic departments worldwide, there is an urgent need for a large randomized trial to determine the efficacy and effectiveness of implant removal with regard to patient-centred outcomes. (Hanson, 2008)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)