

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: February 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right total ankle arthroplasty bone syndesmosis E-F & bone graft to include CPT codes 29405, 20902, 20690, 27871, 27702 with a length of stay of 3 days.

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

Diplomate, American Board of Orthopaedic Surgery

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

Medical records from the Carrier include:

- 01/09/08, 0/10/08, 03/24/08, 04/21/08, 04/25/08, 05/19/08, 06/16/08, 06/30/08, 07/15/08, 08/12/08, 08/29/08, 09/09/08, 09/12/08, 09/26/08, 09/29/08, 10/03/08, 10/07/08, 10/08/08, 10/13/08, 10/17/08, 11/04/08, 12/03/08, 12/26/08, 01/09/09, 02/10/09
- Official Disability Guidelines, 2008

Medical records from the Requestor/Provider include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- Hospital, 02/21/08
- Medical Center, 02/22/08, 02/23/08, 02/24/08
- Texas Workers' Compensation Work Status Report, 02/21/08, 03/10/08, 04/21/08, 05/19/08, 06/16/08, 07/15/08, 08/12/08, 10/07/08
- Services, Inc., 03/06/08

PATIENT CLINICAL HISTORY:

I have had the opportunity to review medical records on this patient. The medical records indicate that a right pylon fracture occurred on xx/xx/xx.

The patient was treated with external fixation and subsequent removal of the external fixer with progressive weightbearing and physical therapy. Because of post traumatic arthrosis, a total ankle arthroplasty was recommended.

The medical necessity of the arthroplasty was disputed by the carrier. Dr. opined that the medical records did not support the need for a total ankle arthroplasty.

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

It is my opinion that the denial of the total ankle arthroplasty was appropriate and in keeping with ODG. The ODG does not support the need for ankle arthroplasty due to the high failure rate. It is, therefore, my opinion that a total ankle arthroplasty in this case is not supported by ODG in the records provided. The denial in this case appears to have been appropriate.

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)