

Wren Systems Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(512)553-0533 (phone)

(207) 470-1064 (fax)

DATE OF REVIEW: FEBRUARY 12, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Incision of Fibula, Ankle Arthroscopy/Surgery, ACS Facility Service (27707, 29892, 29891, 099SG)

A 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)

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 Incision of Fibula, Ankle Arthroscopy/Surgery, ACS Facility Service (27707, 29892, 29891, 099SG).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/12/08, 12/22/08

ODG Guidelines and Treatment Guidelines

Office notes, Dr., 07/10/08, 09/04/08, 10/02/08, 11/06/08, 12/09/08

MRI ankle and foot, 10/07/08

EMG, 11/17/08

Dr. 07/31/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year injured on xx/xx/xx when he stepped on an angle iron. X-rays showed a small spur at the point of tenderness and a medial spur of the calcaneus or plantar fascia. This was injected and therapy and a custom orthotic recommended. The claimant received another injection on 09/04/08 and modified work was recommended.

A 10/07/08 MRI of the ankle and foot showed mild degenerative joint disease of the tibiotalar joint with a small osteochondral lesion in the lateral talar dome. There was a tear of the peroneus brevis anterior tibiofibular ligament and the calcaneofibular ligament could not be visualized.

On 11/06/08 Dr. noted the claimant had pain in the tarsal tunnel and arch. He recommended an AFO to support the ankle for past supination injuries and surgery was recommended.

An 11/17/08 EMG showed mild bilateral tarsal tunnel. On 12/09/08 Dr. noted the claimant had a talar dome lesion that may account for some symptoms and there was pain along the tarsal tunnel distribution. The examination documented a positive Tinel's on the tarsal tunnel. A fibular osteotomy with repair of the talar dome was recommended.

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

Incision of the fibular ankle arthroscopy surgery is not medically necessary. The records indicate there is an MRI which was performed on 10/07/08 demonstrating DJD change of the tibiotalar joint and an osteochondral lesion. There is no notation of any injections within the tibiotalar joint. There is also a recommendation of an AFO. It is unclear from the records provided what this has done. In addition to this, an EMG demonstrates mild bilateral tarsal tunnel syndrome that would not be addressed by this surgery. The pain generator has not been clearly delineated and as such surgical indications are not clear. In this instance conservative care has not been exhausted. Official Disability Guidelines Treatment in Worker's Comp 2009 does not address the diagnosis or surgical request. In making the determination, the reviewer referred to AAAOS Orthopaedic Knowledge Update 9, Chapter 62; pp 767-768 to support the decision. The reviewer finds that medical necessity does not exist for Incision of Fibula, Ankle Arthroscopy/Surgery, ACS Facility Service (27707, 29892, 29891, 099SG).

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)

AAAOS Orthopaedic Knowledge Update 9, Chapter 62; pp 767-768

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)