SENT VIA EMAIL OR FAX ON
Jun/30/2009

Independent Resolutions Inc.

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DATE OF REVIEW:
Jun/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
outpatient left ankle arthroscopy and debridement with probable gastrocnemius recession.

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Notice of Utilization Review Findings, 07/17/08
Patient Questionnaire, 07/25/07
Surgery Sheet, 03/25/09
Progress notes 04/05/07, 04/12/07
Radiographic film report left ankle and foot 04/05/07
Radiographic film report left knee, left tib/fib, left foot and ankle 04/12/07
CT Left Ankle 05/04/07
MRI Left Ankle 10/15/07
Operative Report 03/27/08
Dr. 09/22/08
Office notes Dr. 12/17/08, 02/18/09, 02/18/09, 03/25/09, 06/10/09
Reviews 04/27/09, 06/01/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who twisted her left ankle on xx-xx-xx while restraining a combative youth. On 03/27/08 she underwent a left ankle arthroscopy, exostectomy of anterior distal tibial osteophyte, arthroscopic treatment of the osteochondral lesion of the distal tibia and antegrade drilling of the distal tibia with debridement of the bone and grafting of a cystic lesion with proximal tibial bone graft and allograft of bone plug. Her postoperative course was complicated by ankle arthrofibrosis, a mild equinus deformity and issues with the work

comp carrier who indicated that the osteochondral lesion was not related to the on the job injury.

Dr. followed the claimant postoperatively and saw her on 09/22/08 after having 2 therapy sessions. Dr. was concerned that her ankle stiffness was so severe that it may be too late for therapy to be beneficial. The claimant reported persistent anterior ankle pain, but for the most part was able to get off crutches. She continued using the boot. The examination noted mild ankle swelling, focal tenderness over the anterior ankle joint line, a mild equinus deformity and significant restrictions in passive motion of the ankle and had no more than 10 degrees of total motion. X-rays of the left ankle were reviewed and showed a well maintained ankle joint space. The tibial bone tunnel appeared to have healed. There was no obvious cystic lesion of the distal tibia. Osteochondral dissecans, exostosis, bone spur and a solitary bone cyst were diagnosed. She was to complete her therapy. By 12/17/08 her therapy had been stopped due to her failure to make significant improvements. She was treating for an abscess in the right posterolateral thigh felt related to a spider bite. She was on oral antibiotics. By 02/18/09 she had just finished her antibiotics. Passive motion of the ankle was limited by claimant guarding, however; when standing and leaning forward she was able to dorsiflex the ankle 10 degrees on the left compared to 25 degrees on the right. In seated position passive motion of the ankle was much less. The examination was otherwise unchanged.

The 03/25/09 examination remained unchanged. Repeat ankle arthroscopy and debridement with probable gastrocnemius recession was recommended. This was denied on 2 prior reviews dated 04/27/09 and 06/01/09 and is currently under dispute. Dr. saw the claimant on 06/10/09 stating the claimant continued to battle with the workman's compensation carrier. She had persistent anterior ankle pain and stiffness, but was able to weight bare as tolerated in a walking boot without difficulty. She had mild ankle swelling, standing foot position was plantigrade, she had an antalgic gait and focal tenderness over the anterior ankle joint line. The examination was otherwise unchanged.

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

Review of the records provided supports the claimant is a woman with a xx-xx-xx reported injury. She is status post an ankle arthroscopy and exostectomy on 03/27/08 with drilling of osteochondral lesions. No intraoperative or postoperative complications were noted.

Based on the records provided, the claimant developed postoperative arthrofibrosis with equinus contracture, which has limited her at this time. She has persistent reported symptomatology. She has failed physical therapy and a home exercise program as well as previous surgery. The Reviewer disagrees with determination of the insurance carrier and recommends the approval of the outpatient left ankle arthroscopy, and debridement with probable gastrocnemius recession based on failure to respond to conservative care thus far and the claimant's reported symptomatology. This would acknowledge report of the claimant's evidence of malingering on 04/12/07 and the failure to do physical therapy after the first surgery.

Official Disability Guidelines do not appl

Orthopedic Knowledge Update, 9, Chapter 41, page 516

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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