



Notice of Independent Review Decision

DATE OF REVIEW: 3/23/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for right total ankle replacement with a 3-day inpatient stay.

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

Texas licensed 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 previously denied request for right total ankle replacement with a 3-day inpatient stay.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 3/18/09.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 3/18/09.

- Notice to CompPartners, INC of Case Assignment dated 3/18/09.
- Request for a Review by an Independent Review Organization dated 3/17/09.
- Medical Determination Letter dated 3/16/09.
- Workers Comp Preauthorization & Procedure Order Request Form dated 3/9/09, 11/13/08, 8/5/08, 7/8/08.
- Notification of Determination dated 2/18/09.
- Consultation Report dated 2/9/09.
- Office Visit Note/Follow Up dated 1/6/09, 11/11/08, 8/5/08, 7/15/08.
- Re-Consideration Letter dated 12/17/08.
- Addendum Note dated 12/2/08.
- Right Ankle X-Ray Report dated 11/11/08.
- Right Ankle CT Scan Results Report dated 7/31/08.
- Re-Evaluation Report dated 7/8/08.
- Form for Request a Review by an Independent Review Organization (unspecified date).
- Texas Department of Insurance Guidelines Sheet (unspecified date).

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Not provided

Diagnosis: Right lateral and posterior malleolous fracture

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

The claimant is a male who sustained a right lateral and posterior malleolous fracture on xx/xx/xx and was treated with immobilization and rehabilitation. Also noted was post-traumatic arthritis. On 07/08/08, Dr. evaluated the claimant, noting he had been treated with therapy. On examination, there was significant external rotation and shuffling gait, with normal hind foot alignment. There was deficit on dorsiflexion, difficulty internally rotating the talus within the ankle mortise and plantar flexion at tibiotalar joint was negligible. With mild external rotation of the talus, there was increased tibiotalar motion with an arc of motion of 15 degrees. There were good pulses and sensation was intact. X-rays showed sequential healing of the lateral of the malleolus fracture, with initial posterior malleolus fracture that looked improved on the April films. There was a mild step off at the articular surface in the lateral projection, with a posterior malleolar component. An MRI was reported to show a significant posterior malleolar fragment with minimal interval healing and mild articular incongruity, but the main issue was there was mild posterior subluxation of the talus at this level;

significant scar formation in the anterior aspect of the joint, and some talar impaction. A 07/31/08 CT of the right ankle showed an old healed/healing fracture in the distal fibula and posterior malleolus; mild degenerative changes of ankle secondary to previous trauma; diffuse patchy osteopenia; the posterior aspect of tibial plafond with a mild step off of 2 millimeters due to an old posterior malleolar fracture; small osteochondral defect in the medial corner of the talus; the anterior talonavicular joint was patent; and mild vascular calcification in the anterior and posterior soft tissues. The 11/11/08 X-rays of the right ankle showed a healed fracture of the distal tibia and fibula. On 11/11/08, Dr. noted the claimant was scheduled for a reconstructive procedure of his distal tibial articular fracture, but it was delayed due to gastrointestinal issues. The claimant did want to proceed with some kind of “definitive care” but did not want a fusion and did want some maintenance motion in the ankle. On examination, there was an antalgic gait on the right. Ankle motion was to neutral in dorsiflexion and 15 degrees of plantar flexion. There was mild swelling about ankle joint, but no effusion. Sensation was intact. Radiographs showed post traumatic arthritis with a small articular step off from a significant posterior malleolar fracture; a well healed fibular fracture; significant post traumatic arthritis and some subluxation of talus within the ankle mortise posteriorly. Total ankle requested was denied. On 01/06/09, Dr. noted that the claimant had right ankle posttraumatic arthritis and complained of right ankle pain and stiffness despite therapy for 3 weeks and an injection that exacerbated symptoms. He had an antalgic gait, limited motion and pain with stressing the ankle. Celebrex and a custom molded ankle orthosis were the recommendations. Dr. saw the claimant on 02/09/09 for a second opinion and noted that the claimant was taking Aleve with some relief and wearing the brace. On examination, there was a limping gait. He had moderate ankle swelling. The claimant had pain, 0 degrees dorsiflexion and 20 degrees plantar flexion with almost full subtalar joint motion. X-rays showed degenerative arthritis with minimal joint space remaining. The claimant refused the fusion favoring maintaining motion and commented that he would rather have no surgery than fusion and preferred arthroplasty. Dr. felt the claimant should be an exception to ODG to allow a return to work. Surgery was denied on peer review on 2 additional occasions and an IRO was requested. The request is for medical necessity of a right total ankle replacement with a three-day length of stay. The ODG guidelines were used. The request for right total ankle replacement is not recommended due to the fact that ODG Guidelines deem it to be investigational. While the procedure has initial promising results there are no long term studies to prove its safety and efficacy for pain control and improvement in function. The medical records do not support that this patient should be an exception to the ODG Guidelines.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines ODG), Treatment in Worker's Comp, 2009. Ankle and Foot, Arthroplasty (total ankle replacement). “Not recommended for total ankle.”

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).