



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 3-25-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Fusin of right ankle and hind foot. Inpatient LOS

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

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 10-16-06 Surgery performed by Dr.
- 12-29-06 Surgery performed by Dr.
- 1-17-07 Surgery performed by MD.
- 4-6-07 Surgery performed by MD.
- Office visits under the direction of MD., from 12-4-07 through 2-3-09, for a total of 6 visits.
- 1-23-09 MD., Utilization Review.
- 2-3-09 MD., Peer to Peer.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10-16-06, the claimant underwent open reduction, internal fixation of trimalleolar fracture of the right ankle. Postoperative diagnosis: Trimalleolar fracture of the right ankle. Surgery performed by Dr.

On 12-29-06, the claimant underwent closed reduction of right ankle with application of external fixator. Postoperative diagnosis: failure of reduction of right ankle fracture with posterior subluxation. Surgery performed by Dr.

On 1-17-07, the claimant underwent closed reduction, application of additional external fixation and pinning of the right ankle joint. Surgery performed by MD.

On 4-6-07, the claimant underwent removal of external fixation of the right ankle with examination under fluoroscopy. Surgery performed by MD.

On 12-4-07, Dr. reported the claimant is xx months status post severe fracture of the right ankle. The claimant has not been able to get the AFO due to swelling. The evaluator noted that x-rays shows there is severe arthritis in the ankle, complete loss of the articular cartilage space. The evaluator recommended the claimant should undergo an ankle fusion.

On 10-21-08, MD., evaluated the claimant. It is noted the claimant is wearing her AFO and it is controlling some of her pain, but she still has to take approximately 90 pain pills per month.

On 11-18-08, Dr. reported the claimant has been ambulating with a cane using her AFO. She is still taking 90 narcotic pain pills per month. The evaluator reported that this was not really healthy. The evaluator recommended a more permanent solution, which he noted it would be an ankle fusion. The claimant was called in a prescription for Norco 10 # 90 with no refills.

On 12-16-08, Dr. reported the claimant is having pain in her right ankle. She has decided to go ahead with an ankle fusion done. She wants to do it after the holidays.

On 1-13-09, Dr. reported that the claimant will be scheduled for the right ankle fusion.

On 1-23-09, MD., provided an adverse determination for an intertarsal or subtalar fusion. The evaluator reported that there is no reference to a radiographic report of arthritic findings or other conservative measures such as injections or anti-inflammatories. As such, without further information, fusion cannot be recommended.

On 2-3-09, MD., provided an adverse determination for the appeal of the fusion of the right ankle and hind foot. The evaluator reported that he had a conversation with Dr. They reviewed the criteria including the need for recent x-rays and local intra articular injection with anesthetic medication. The evaluator reported that an adverse determination is upheld and request will likely be resubmitted when criteria have been met.

On 2-3-09, Dr. asked the claimant to come in early to have a couple of things performed prior to having her ankle fusion. The evaluator reported that x-rays of the right ankle shows severe arthritis of the ankle and subtalar joint, mainly in the ankle joint. She also has arthritis in the subtalar joint. There is collapse of the talus consistent with avascular necrosis, bone on bone apposition with sclerosis in the ankle joint. The claimant was provided with a right ankle and subtalar joint injection consistent of Dexamethasone, Lidocaine and Marcaine. After the injection, the claimant did have considerable decrease in the amount of pain, which will only last as long as the Marcaine lasts. The evaluator reported that the claimant still needed to have hind foot fusion. The claimant is continued off work.

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

MEDICAL RECORDS REFLECT THIS CLAIMANT IS STATUS POST TRIMALLEOLAR FRACTURE FOR WHICH SHE HAS UNDERGONE MULTIPLE SURGICAL INTERVENTIONS. THE CLAIMANT HAS CONTINUED WITH HIGH LEVELS OF PAIN DESPITE THE USE OF AN AFO AND IS CURRENTLY TAKING HIGH LEVELS OF NARCOTICS. THERE IS A REQUEST FOR A RIGHT ANKLE FUSION. ON 2-3-09, IT

WAS NOTED THAT THE X-RAYS OF THE RIGHT ANKLE SHOWED SEVERE ARTHRITIS OF THE ANKLE AND SUBTALAR JOINT. THERE IS ALSO ARTHRITIS IN THE SUBTALAR JOINT. THE CLAIMANT HAS COLLAPSE OF THE TALUS CONSISTENT WITH AVASCULAR NECROSIS, BONE ON BONE APPPOSITION WITH SCLEROSIS IN THE ANKLE JOINT. THE CLAIMANT ALSO UNDERWENT A RIGHT ANKLE AND SUBTALAR INJECTION, WHICH PROVIDED CONSIDERABLE DECREASE IN PAIN. BASED ON THE MEDICAL DOCUMENTATION PROVIDED, THE REQUEST FOR A RIGHT ANKLE FUSION IS CERTIFIED. THE CLAIMANT MEETS THE CRITERIA SET FORTH BY THE GUIDES AND IS CONSIDERED TO BE AN APPROPRIATE CANDIDATE FOR THE PROPOSED PROCEDURE.

ODG-TWC, last update 3-17-09 Occupational Disorders of the ankle and foot – Ankle Fusion: Recommended as indicated below. Also see Surgery for calcaneal fractures.

ODG Indications for Surgery™ -- Ankle Fusion:

Criteria for fusion (ankle, tarsal, metatarsal) to treat non- or malunion of a fracture, or traumatic arthritis secondary to on-the-job injury to the affected joint:

1. Conservative Care: Immobilization, which may include: Casting, bracing, shoe modification, or other orthotics. OR Anti-inflammatory medications. PLUS:
2. Subjective Clinical Findings: Pain including that which is aggravated by activity and weight-bearing. AND Relieved by Xylocaine injection. PLUS:
3. Objective Clinical Findings: Malalignment. AND Decreased range of motion. PLUS:
4. Imaging Clinical Findings: Positive x-ray confirming presence of: Loss of articular cartilage (arthritis). OR Bone deformity (hypertrophic spurring, sclerosis). OR Non- or malunion of a fracture. Supportive imaging could include: Bone scan (for arthritis only) to confirm localization. OR Magnetic Resonance Imaging (MRI). OR Tomography.

Procedures Not supported: Intertarsal or subtalar fusion.

(Washington, 2002) (Kennedy, 2003) (Rockett, 2001) (Raikin, 2003)

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)**