

SENT VIA EMAIL OR FAX ON
May/26/2009

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

DATE OF REVIEW:

May/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right total ankle w/ tenoachilles lengthening

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office note, PA-C, 02/04/09

MRI right ankle, 02/13/09

Office note, Dr., 02/18/09

CT right ankle, 02/25/09

Office note, unknown provider, undated

Peer review, Dr., 03/06/09

Peer review, Dr., 03/24/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was status post xxxx open reduction internal fixation of right trimalleolar fracture right ankle fracture and July 2008 removal of hardware. The MRI of the right ankle from 02/13/09 showed a large bone in the distal tibia with collapse of the overlying articular surface. The CT of the ankle from 02/25/09 showed moderate to severe posttraumatic osteoarthritis of ankle joint. A healed bilateral malleolar trimalleolar fracture status post open reduction and internal fixation and removal of hardware. The tibial plafond had some incomplete small defects but no significant incongruity. A medullary bone infarct of the central tibial metaepiphysis without complication was reported. The diagnosis was posttraumatic ankle arthrosis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

Right total ankle arthroplasty with tendon Achilles lengthening is not medically indicated and appropriate.

This is a female who has posttraumatic arthritis following an ankle fracture, treated surgically in 2007. Appropriate conservative care has been noted. However, there is evidence of osteonecrosis of the distal tibia in addition to the degenerative change.

Consistent with ODG, total ankle arthroplasty is not indicated. There have been recent studies to note that for primary arthritis of the ankle joint in an older population this procedure is reasonable and appropriate. However, there have been no long term studies involving posttraumatic arthritis in a younger patient population. The long term survival of the prosthesis components remains under study.

Consistent with ODG guidelines and the medical records, surgery is not indicated.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter ankle

Not recommended for total ankle. Under study for first metatarsophalangeal joint implant arthroplasty. Total ankle replacement has been investigated since the 1970s with initially promising results, but the procedure was essentially abandoned in the 1980s due to a high long-term failure rate, both in terms of pain control and improved function. Currently, four ankle prostheses are commercially available or under investigation in the U.S. The main alternative to total ankle replacement is arthrodesis. While both procedures are designed to reduce pain, the total ankle replacement is additionally intended to improve function. At the present time there are inadequate data on available total ankle replacements to permit conclusions regarding their safety and effectiveness. (BlueCross BlueShield, 2004) (SooHoo, 2004) (Stengel, 2005) (Valderrabano, 2007) (Vickerstaff, 2007) Nearly 86% of patients who undergo implant arthroplasty for end-stage degenerative disease of the first metatarsophalangeal joint (MPJ) are satisfied with the outcome, findings from a meta-analysis suggest. The satisfaction rate was even higher when lower quality studies were excluded from the analysis. A number of studies have evaluated these implants over the years, however, they have generally focused on a particular device brand or model, and this is the first meta-analysis that focuses on first MPJ replacement. In terms of implant materials, the findings suggest that metallic hemi, silicone total, metallic total, and ceramic total yield higher patient satisfaction than does silicone hemi. (Cook, 2009)

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

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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