

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** NOVEMBER 11, 2009

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed right ankle arthroscopy w/ OCD drilling, placement of 2 screws (29891)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

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

Upheld (Agree)

Overturned

(Disagr

ee)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.97	29891		Prop	1					Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Based upon the review of records, it appeared that the patient has 80% articular cartilage damage to the talar dome as well as the tibial plafond. This is in association with advanced posttraumatic degenerative change. It also appears as though the articular surface has advanced changes. No identification of an osteochondral defect or OCD is made based upon the findings of the MRI.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Based upon this information, it is not certain what can be accomplished through an arthroscopy and treatment of an osteochondral defect when no defect has been identified and the joint has extensive and advanced posttraumatic degenerative changes. Generally, it can be anticipated that with an osteochondral lesion, one can expect to treat that lesion when there is no other damage or significant changes (in which case an arthroscopic procedure might well be indicated.)

An osteotomy of the medial malleolus or the lateral malleolus might be indicated to provide for more exposure to the talar ankle joint surface when an osteochondral defect is present. However, this is generally reserved for a relatively isolated lesion and certainly not for what has been described as a tibial talar with advanced posttraumatic degenerative change involving 80% of the articular surface with damage to the talar dome, as well as the tibial plafond. Again, this is based upon the records received for review.

Therefore, the requested right ankle arthroscopy w/ OCD drilling, placement of 2 screws is not approved as the MRI and other records do not prove medical necessity .

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

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (REFERENCE: Advances in Ankle Arthroscopy. J.A.A.O.S., Vol. 16, no. 11, November 2008, pp 635-646. Authors: C. Niek van Dijk, M.D., Phd., and Christian J.A. van Bergen, M.D.)