



## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/18/09

**IRO CASE #:**

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

Orthoscopic Debridement of Right Ankle

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

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.

Orthoscopic Debridement of Right Ankle - Upheld

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

- Office Visit, M.D., 06/26/08
- New Patient Visit, DPM, 07/31/08

- MRI of the Right Ankle, M.D., 08/04/08
- Established Patient Office Visit, Dr. 08/11/08, 09/04/08, 09/22/08, 10/02/08, 10/9/08, 10/24/08, 11/06/08, 11/20/08, 12/05/08, 12/29/08, 01/12/09, 01/26/09, 02/09/09, 03/09/09, 04/01/09, 04/17/09, 05/12/09, 05/26/09, 06/02/09, 06/16/09, 06/22/09, 07/20/09, 05/27/09, 09/03/09, 09/17/09, 10/13/09
- Operative Report, Dr. 12/30/08
- Designated Doctor Evaluation (DDE), M.D., 01/13/09
- Required Medical Evaluation (RME), M.D., 03/24/09
- Denial Letter, Management Services, 06/22/09, 10/16/09
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was going down the stairs when she began having ankle pain and swelling. She had been started in physical therapy and then referred to a foot specialist. She underwent an MRI of the right ankle. She then underwent an arthroscopic debridement of the right ankle, where a primary ligament repair (modified Brostrom) was performed. She was then treated with Depo-Medrol injections. She was advised to wear athletic/running shoes and instructed on proper home maintenance and management of her condition.

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

In accordance with ODG guidelines, I believe that the requested surgery is not indicated at this particular time as there have been no attempts made at additional non-operative treatment measures, such as injection in conjunction with casting for a 4-week period in a walking cast to see if there is some elimination of the process of inflammation that may be contributing to this problem.

There is also a high likelihood that despite repeated arthroscopic evaluation and débridement of synovitis, there will be continued ankle pain in this patient.

Therefore, the requested surgery would not appear medically necessary at this time.

**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)**