



DATE OF REVIEW: 10/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ankle surgery, arthroscopy and debridement, right ankle

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering ankle injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

- 1 ZRC forms
2. TDI referral forms
3. Denial letters, 08/31/09 and 09/23/09
4. Requestor records
5. Preoperative evaluation 09/19/08
6. M.D., evaluation 04/14/09
7. Fax cover sheet, 04/28/09
8. Designated Doctor scheduling, 03/18/09
9. MRI scan, right ankle, 06/19/09
10. Surgery billing form, 10/09/08
11. Clinical evaluations, nine entries between 10/22/08 and 08/26/09
12. MRI scan, right ankle, 05/29/08 and 08/19/09
13. MRA records
14. Request for treatment authorization
15. Patient demographics
16. Medication injection records, 07/15/09
17. Appeals CPR sheet, 08/26/09

18. PT progress note re-evaluation, 01/23/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an inversion injury to the right ankle in a slip-and-fall type injury on xx/xx/xx. He was initially treated conservatively with immobilization, and when this failed, underwent a subtalar arthroscopy, synovectomy, right ankle arthroscopy, and modified Brostrom lateral ligament reconstruction on 10/09/08. He has had persistent discomfort in the right ankle. He has been treated with local anesthetic and Depo-Medrol injections. He has been treated with extensive program of physical therapy. He continues to suffer ankle pain, and MRI scan has suggested improving synovitis. There are no loose fragments. There has been a request for a repeat arthroscopic debridement of the ankle. This request has been considered and denied, reconsidered and denied.

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

There does not appear to be indication for a repeat arthroscopic procedure within a year of the previous procedure. Instability no longer is a symptom reported. The principle symptom is pain. Continued orthotic support would appear to be appropriate.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)