

SENT VIA EMAIL OR FAX ON
Oct/26/2009

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Arthrotomy and Tenosymovectomy of the Left Ankle

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

X-ray left ankle, 12/14/06

MRI left ankle, 12/21/06

Office note, Dr. 02/21/07

Office notes, Dr. 03/29/07, 01/18/08, 04/17/09, 06/02/09, 08/06/09, 08/27/09

Peer review, 07/21/09, 08/14/09

MRI left ankle, 08/03/09

Office Visit 12/14/06, 01/15/07, 01/30/07, 02/20/07

Therapy 04/23/07

Therapy report 04/23/07-04/27/07, 04/30/07-05/03/07

Dr. 05/03/07, 05/31/07, 06/28/07, 07/26/07, 08/23/07, 09/20/07, 12/21/07, 02/29/08,

04/22/08, 07/01/08, 08/12/08, 11/13/08, 01/13/08, 07/15/09

Attorney 10/13/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx/xx/xx in an unknown manner. He has had left ankle pain since that time.

A 12/21/06 MRI of the left ankle showed significant tendonitis with peritendinitis of the distal Achilles and bone marrow edema of the adjacent calcaneus. There was tendinitis of the peroneus longus above the lateral malleolus. The marrow edema of the posterior calcaneus was felt possibly a stress fracture.

The claimant was seen on 03/29/07 by Dr. for constant ankle pain. On examination, there was left ankle mild to moderate tenderness of the talus. Motion was functional with pain on plantar flexion and dorsiflexion. Pain radiated along the Achilles to the upper leg. X-rays were reported as normal. The impression was sprain and stress fracture. Celebrex and Ultracet were recommended. Throughout 2007, the claimant saw Dr. regularly and was treated with therapy, a splint and continued medication.

On 01/18/08, Dr. noted the ankle pain worse was with walking and described as mild and intermittent. There was mild lateral tenderness and Achilles tenderness. Motion was reported as functional with slight discomfort. Sensation, strength and reflexes were intact. Medications were continued. Treatment with medications continued in 2008 without significant change in the examination. The claimant was seen about every 1-2 months. An ankle brace was recommended in 11/08.

On 04/07/09, Dr. noted there was moderate constant pain and swelling. The examination documented mild tenderness over the lateral malleolus. Motion was "functional" without discomfort. Medications were recommended and the claimant continued to work. On 06/02/09, Dr. saw the claimant for ongoing lateral ankle pain. The examination documented pain in the Achilles and lateral ankle with motion. The left Achilles reflex was 1/3, right 2/4. Strength was 4/5 on the left and 5/5 on the right. Dr. recommended tenonovectomy.

A 08/03/09 MRI of the left ankle showed a 7-millimeter (mm) spur at the insertion of the Achilles. There was suggestion of a 3mm plantar calcaneal enthesophyte without edema of the digitorum brevis or extensor hallucis longus. A small amount of fluid was seen in the tendon sheath of the common peroneus.

The claimant returned on 08/06/09 with reported moderate to severe pain, constant. Dr. s' examination documented lateral ankle and Achilles pain. Strength was 4/5 in the bilateral lower extremities and he had a 1/4 reflex of the left Achilles. Surgery has continued to be recommended.

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

The recent imaging studies do not clearly support the diagnosis of tenosynovitis although anti-inflammatories have been used. There is not documentation of failure of an injection for both diagnostic and potentially therapeutic purposes. Given these issues the Reviewer would not be able to recommend the proposed intervention as medically necessary.

Official Disability Guidelines 2009 does not address this

Mann, Coughlin. Surgery of the Foot and Ankle, Chapter 19; pg 211

The initial treatment should be non operative. Surgery is generally indicated only in the patient who has not responded to nonoperative treatment for several months

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)