



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/06/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle arthroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered ankle injury

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. SWF forms
2. TDI forms
3. Denial letters, 07/10/09 and 07/17/09
4. Requestor records
5. Clinical notes, 07/01/09, 05/27/09
6. MRI scan, right ankle, 06/29/09
7. MRI scan, right ankle, 06/30/08
8. X-rays right ankle, 06/30/08
9. EMG/nerve conduction study, 06/12/08
10. URA records
11. Utilization Review referral, 07/10/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male suffering a slip-and-fall injury on xx/xx/xx. He suffered a right ankle straining and direct blow injury. He has had persistent pain in the right ankle

without relief utilizing nonsteroidal anti-inflammatory medication and activity restrictions. A recommendation for right ankle arthroscopy has been made, and preauthorization has been requested. This request was considered and denied. It was reconsidered and denied.

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

It does not appear that the patient has a diagnosis or circumstance which would be benefited by arthroscopy of the ankle. Specifically, the MRI scans have revealed only chronic marrow edema in the region of the medial malleolus compatible with chronic contusion of the medial malleolus. There has been no intraarticular or adjacent articular surface diagnosis offered. In the absence of a diagnosis which could be benefited by an arthroscopic procedure, it appears that previous denials have been appropriate and should be upheld.

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). OKU Nine, Chapter 41, page 516, AAOS Publisher
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)