

SENT VIA EMAIL OR FAX ON
Aug/18/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Ankle Arthroscopy / Poss Talar Dome Microfracture

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

Office notes, Dr., 06/03/10, 06/07/10, 06/15/10, 06/22/10, 07/02/10

MRI right ankle, 06/30/10

Office notes, Dr., 07/13/10, 07/20/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with right ankle pain. The MRI of the right ankle dated 06/30/10, revealed bone edema/contusion of the medial and lateral malleolus, calcaneus, talus and slightly the cuboid. A small effusion at the tibiotalar joint and the subtalar joint was noted. There was grade 2 strain at the anterior talofibular ligament and the deltoid ligament. Subacute/old small osteochondral injury at the lateral aspect of the dome of the talus and strain of the posterior tibialis tendons and the flexor hallucis longus tendon was reported. Dr. saw the claimant on 07/13/10 and 07/20/10. Examination revealed antalgic gait to the right and tenderness at the lateral gutter and anterolateral aspect of ankle joint and along anterior tibialis tendon proximal to the ankle joint. Dr. stated that x-rays and MRI right ankle from 06/30/10 showed an osteochondral lesion of the lateral talar dome with surrounding bone marrow edema and a contusion around the medial and lateral malleolus and calcaneus, talus and cuboid. There was a sprain of the anterior talofibular and deltoid ligament. The claimant has been treated with physical therapy, light duty, Aircast, ace wrap, Tylenol, crutches and ice pack.

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

A review of the records provided supports the claimant is a who reportedly jumped and twisted right ankle on xx/xx/xx. The claimant saw Dr. on 06/03/10 who noted swelling and decreased range of motion. The X-rays were negative and was treated for ankle sprain, ice, physical therapy and light duty air cast, crutches, sedentary duty work, Tylenol, physical

therapy. An MRI on 06/30/10 showed a bone contusion and edema of the medial and lateral malleolus, calcaneus, talus and cuboid, a small effusion at the tibiotalar joint and the subtalar joint was noted. The claimant saw Dr. and was referred to Orthopedics. The claimant saw Dr. on 07/13/10 the claimant was doing a home exercise program and reported no improvement in pain, which is anterior lateral, and examination walked with a right antalgic gait was tender. The X-rays and MRI were reviewed; they recommended right ankle arthroscopy, possible microfracture.

The IRO reviewer cannot recommend the proposed surgery as medically necessary at this time. It is unclear if the claimant has exhausted conservative care with a cortisone injection as a diagnostic potentially therapeutic modality as recommended by the guidelines. Given that the MRI showed evidence that the osteochondral injury was old, ankle arthroscopy may ultimately be considered beneficial, but conservative treatment should be exhausted prior to making that determination.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter ankle and foot, does not address

Journal of the American Academy of Orthopedic Surgeons. 2005;13:151-158

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)

Journal of the American Academy of Orthopedic Surgeons. 2005;13:151-158

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)