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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ankle loose body removal 29894 -outpatient surgery

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., 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

Official Disability Guidelines

Peer Reviews 10/18/10, 11/11/10

Operative report 01/14/10, 01/17/10, 02/11/10

Discharge Summary 01/19/10

Orthopedic OV 01/25/10, 02/01/10, 02/08/10, 03/31/10, 05/17/10, 06/28/10 , 08/09/10 , 09/20/10 , 10/05/10

Physical Therapy record 04/14/10, 05/19/10, 08/04/10, 09/16/10

X-ray right tibial / fibula 01/17/10

MRI 09/28/10

MD Rx 03/31/10

Laboratory studies 01/28/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male who reportedly sustained a right tibia and fibula open fracture on xx/xx/xx when he caught his leg between a tractor and a truck. An incision, irrigation and drainage of the open complicated wound and fracture was performed on 01/14/10 followed by an open reduction and internal fixation and intramedullary rodding of the tibia on 01/17/10. Initial post-operative physician records noted the claimant with well healing incisional scars and a moderate amount of generalized swelling in the right leg from the knee to the foot.

A right distal fibular open reduction and internal fixation followed on 02/11/10. The claimant was placed in a Cam walker post-operatively and prescribed aquatic therapy. A follow up physician record dated 05/17/10 noted x-rays of the right tibial and fibula that showed the tibial rod to be in good position and the plate and screws of the fibula to be in good position and alignment. There was good callous formation and consolidation at the fracture site. The claimant was advised to remain in the Cam walker with increased weight bearing and

continue physical therapy. A physician record in June 2010 noted the claimant allowed to return to work with restrictions. A physician record of 08/09/10 noted right tibial and fibula x-rays findings to show the rod, plate and screws to be in good position and alignment. Good callous formation and consolidation was noted at the fracture site. Recommendations included continued work restrictions and begin transition out of the Cam walker.

Right ankle pain was noted on a 09/20/10 physician visit. A right ankle MRI was recommended and performed on 09/28/10 which demonstrated a small joint effusion with localized spur and underlying edema at the anterior tibial margin at the tibiotalar joint, artifact from metallic rods and plates in the distal tibia and fibula and mild diffuse soft tissue edema and some muscular atrophy.

Lateral gutter and peroneal tendon tenderness was noted on a follow up examination dated 10/05/10. The right ankle MRI was reviewed. The impression was of a right ankle loose body anterior tibia at the tibiotalar joint. Loose body removal right ankle was recommended.

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

There is insufficient information within the records reviewed to justify the requested surgical procedure as medically necessary at this time. The request for surgery includes an ankle arthroscopy with removal of a loose body. The MRI of the right ankle 09/28/10, however does not demonstrate a loose body within the ankle. The clinical records also do not document loose body symptoms. It is also unclear if this claimant has symptomatic ankle impingement. There is no reported pain with ankle dorsiflexion and the request for surgery does not appear to include treatment for symptomatic ankle impingement. In addition, it does not appear this claimant has undergone a thorough course of treatment, which may include a corticosteroid injection. This claimant is noted to have an ankle effusion and potential findings consistent with ankle impingement or arthritis. A corticosteroid injection to treat any potential ankle synovitis as represented by the effusion has not been performed before pursuing surgery. For all of these reasons the requested surgery (Right ankle loose body removal 29894 -outpatient surgery) cannot be justified as medically necessary based on the information provided for review.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates,: does not apply Milliman Care Guidelines. Inpatient and Surgical Care 14th Edition.

29894 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body

Ankle Arthroscopy

Clinical Indications for Procedure

Procedure may be indicated for 1 or more of the following(1)(2)(3):

Chronic pain and ALL of the following:

Clinically significant functional impairment

Failure of conservative therapy to improve symptoms; examples include:

Non-steroidal anti-inflammatory drugs (NSAIDs)

Rest

Bracing

Heel lift

Reduced weight-bearing

Physical therapy [A](4)

Injection of steroid or long-acting anesthetic

MRI or other imaging evidence of structural ankle disorder

Appropriate clinical situation as indicated by 1 or more of the following:

Soft tissue impingement(5)(6)(7)

Osteophyte or bone deformity removal(8)

Loose bodies(1)

Synovectomy(9)

Debridement of posttraumatic arthritis(10)

Arthroscopic arthrodesis(11)(12)(13) or arthroscopically assisted arthrodesis(14)

Reduced weight-bearing

Physical therapy [A](4)
Injection of steroid or long-acting anesthetic

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)